DOCUMENT RESUME

ED 198 910 PS 011 989

TITLE White House Conference on Families: Families, Challenges and Responsibilities. Delegate Workbook.
INSTITUTION White House Conference on Families, Washington, D.C.
PUB DATE 80
NOTE 116p.; For related documents, see PS 011 989-991 and ED 194 192.

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS *Aging (Individuals); Child Abuse; Citizen Participation; *Drug Abuse; Family (Sociological Unit); *Family Life Education; *Family Problems; Marriage; One Parent Family; Parent Child Relationship; Parent Education; Policy Formation; Public Schools; *Social Services; *Violence; Voluntary Agencies
IDENTIFIERS *White House Conference on Families

ABSTRACT

This workbook for delegates to the White House Conference on Families (WHCF) is intended to perform three basic functions: (1) focus attention on the themes of the WHCF; (2) provide brief background information on the issues to be discussed in the Conference workgroups; and (3) summarize recommendations for which there was consensus across most states. Six issue briefs provide background information in the areas of preparation for marriage and family life; specific support for families; parents and children; family violence; substance abuse; and aging and families. The briefs are organized into four sections: Introduction, Background Information on Major Issues, Current Programs and Policies, and Recommendations from the States. State recommendations were further divided by topic and issue. Similar recommendations were grouped together and a sample of these recommendations (for purposes of illustration) have been selected and included in this workbook. (Author/MP)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

White House Conference on FAMILIES

ED198910

FAMILIES:
Challenges and Responsibilities

PS011989

Delegate Workbook

BALTIMORE • MINNEAPOLIS • LOS ANGELES

CONFERENCE TOPICS AND WORKGROUPS

A. Families and Economic Well-Being	B. Families: Challenges and Responsibilities	C. Families and Human Needs	D. Families and Major Institutions
1. Economic Pressures (inflation, unemployment, poverty, economic discrimination)	6. Preparation for Marriage and Familiy Life (family life education, preparation for marriage, parenting)	12. Education (quality, home-school relations, parental involvement, other education issues)	17. Government (sensitivity to families; sensitivity to racial, ethnic and cultural differences; family impact proposals; citizen participation)
2. Family and Work (work in home, increased participation in paid workforce, personnel policies, flexible schedules, leave policies, discrimination, employer support for child care, other workplace issues)	7. Specific Supports for Families (two-parent families, single-parent families, extended families, military families, migrant families, other specific families, definitions)	13. Health (cost, quality, availability, prevention, family planning, maternal and infant health, health education, abortion, mental health, other health issues)	18. Media (TV, movies, advertising, accountability, other media issues)
3. Tax Policies (the "marriage tax," deductions for children, tax credits, tax reform, other tax issues)	8. Parents and Children (families with children, foster care, adoption, youth, adolescent parents, parent-child relations)	14. Housing (cost, availability, discrimination, displacement, other housing issues)	19. Community Institutions (religious organizations, community and neighborhood groups, social services, self-help groups)
4. Income Security for Families (welfare, social security, pensions, other forms of financial assistance)	9. Family Violence (child abuse, spouse abuse, abuse of the aged)	15. Child Care (availability; affordability; quality; choices: family, community, private, publicly supported)	20. Law and the Judicial System (family law; marriage, divorce and separation; custody; other legal issues)
5. Status of Homemakers (recognition, tax policies, social security, employment, other issues	10. Substance Abuse (alcoholism, drug abuse)	16. Handicapping Conditions (families with handicapped members, independence, services, other issues)	
	11. Aging and Families (older families, long term care, services, independence other needs and strengths)		

FAMILIES: CHALLENGES AND RESPONSIBILITIES

DELEGATE WORKBOOK

Table of Contents

		PAGE
I.	Introduction	1
II.	Overview	7
III.	Issue Brief: Preparation for Family Life and Marriage	9
	Summary of State Recommendations	17
IV.	Issue Brief: Specific Supports for Families	27
	Summary of State Recommendations	33
V.	Issue Brief: Parents and Children	41
	Summary of State Recommendations	56
VI.	Issue Brief: Family Violence	63
	Summary of State Recommendations	69
VII.	Issue Brief: Substance Abuse	77
	Summary of State Recommendations	85
VIII.	Issue Brief: Aging and Families	93
	Summary of State Recommendations	103

FEB 2 3 1981

White House Conference on FAMILIES

INTRODUCTION

This Delegate Workbook is a resource for the delegates to the White House Conference on Families. It is intended to perform three basic functions:

1) focus attention on the themes of the White House Conference on Families.

2) provide brief background information on the issues to be discussed in the Conference Workgroups.

3) summarize recommendations which were part of the state issue reports from a significant number of states.

We hope these four workbooks will help delegates focus on the challenging task of developing an "action agenda" to strengthen and support families.

These workbooks and the issues which they cover are drawn directly from the state activities and hearings of the WHCF. Unlike previous efforts of this kind, the National Advisory Committee did not pre-select the issues for the Conference, but waited until the majority of states had identified their priority topics and issues. The NAC directed that these workbooks draw their recommendation from those developed at state conferences. This meant that the books were produced under enormous time pressures and include recommendations from state reports available to us by May 5.

These workbooks are designed to be used with the Hearing Summary and the summary of State Reports which will also be made available to you. These workbooks are brief. They are not intended to be a comprehensive treatment of issues or an exhaustive listing of state recommendations. We are hopeful that these workbooks will help delegates respond to the overwhelming concerns for families voiced throughout WHCF activities.

Conference Themes

At its first meeting last July, the National Advisory Committee adopted six themes to guide the White House Conference on Families.

These are crucial starting points for the discussion of issues.

- o Family Strengths and Supports

  Families are the oldest, most fundamental human institution. Families serve as a source of strength and support for their members and our society.

- o Diversity of Families

  American families are pluralistic in nature. Our discussion of issues will reflect an understanding and respect of cultural, ethnic and regional differences as well as differences in structure and lifestyles.

- o The Changing Realities of Family Life

  American society is dynamic, constantly changing. The roles and structure of families and individual family members are growing, adapting and evolving in new and different ways.

- o The Impact of Public and Private Institutional Policies on Families

  The policies of government and major private institutions have profound effects on families. Increasing sensitivity to the needs of families is required, as well as on-going action and research on the specific nature of the impact of public and private institutional policies.

- o The Impact of Discrimination

  Many families are exposed to discrimination. This affects individual family members as well as the family unit as a whole.

- o Families with Special Needs

  Certain families have special needs and these needs often produce unique strengths. The needs of families with handicapped members, single-parent families, elderly families and many other families with special needs will be addressed during the Conference.

It is very important that these themes be part of your consideration of recommendations. They raise important questions which touch every issue area. They cannot be ignored or isolated in just one or two specific workgroups. For example, these questions might be raised in the workgroup on housing:

Family Strengths and Supports:	How can housing efforts in both the private and public sectors build upon and enhance family strengths?

Diversity:	How does the cultural and racial diversity of American families influence housing policies and programs?
Changing Realities:	What effect does the rise in divorce and single-parent families have on housing needs and programs?
Public and Private Policies:	How do public policies such as high interest rates affect housing? How successful are current housing programs in meeting family housing needs?
Discrimination:	How can we combat housing discrimination against Blacks, Hispanic, Asian and Native American families. Families headed by women? Families with children?
Special Needs:	What are the special housing needs of families with handicapped members, elderly families, low income families?

Similar questions should be asked in each workgroup. These themes cut across the boundaries of all the workgroup issues and topics. They are the philisophical pillars of the Conference.

Issue Briefs

Drawing on the concerns expressed in national hearings and state activities, the WHCF has prepared 20 Issue Briefs as background information for delegates. The 20 topics come from the most frequently mentioned concerns in the hearings and state reports. This workbook contains 6 issue briefs under the topic of Families: Challenges and Responsibilities. They are:

1. Preparation for Marriage and Family Life
2. Specific Supports for Families
3. Parents and Children
4. Family Violence
5. Substance Abuse
6. Aging and Families

These briefs are an attempt to provide some basic data on the topic and limited information on public and private efforts in dealing with that topic. The Issue Briefs are organized into four sections:

I. Introduction
II. Background Information on Major Issues (demographic and other data)
III. Current Programs and Policies (where appropriate)
IV. Recommendations from the States.

These issue briefs attempt to provide some basic information without an overwhelming volume of material. The issues briefs are in no way intended to serve as a substitute for the expertise and insights of delegates. Rather, we hope to provide some basic facts and background information for your discussions and decisions.

In preparing these materials we received invaluable assistance from the papers delivered at the WHCF National Research Forum as well as papers prepared for the WHCF by key Federal agencies, organizations and individuals.

Recommendations

At the close of each issue brief is a summary of recommendations which received support from a significant number of states. States were to submit 10 priority topics and three recommendations for each topic. Despite WHCF guidelines, the format of the state reports varied widely and this complicated the difficult task of organizing and summarizing the recommendations. The recommendations included in this summary are from final state reports received by May 5. Some states have still to submit final reports.

The state activities for the WHCF involved well over 100,000 Americans in a unique process of listening and involvement. Fifty-five of 57 states, territories, other jurisdictions carried out WHCF activities. This performance was particularly gratifying in light of the fact that no Federal funds were available for WHCF state activities, and that guidelines for state activities were adopted less than six months before the close of state activities. These remarkable efforts are the result of hard work and extraordinary commitment by state coordinators and their committees, as well as strong support from many Governors.

In complying with WHCF guidelines, states adopted a variety of plans to involve families in the selection of both delegates and issues. Many states went beyond minimum requirements and developed elaborate listening processes and innovative delegate selection methods:

- Thirteen states held both regional hearings or forums and a statewide conference.

  Delaware
  District of Columbia
  Georgia
  Illinois
  Iowa
  Minnesota
  Missouri
  North Dakota
  Ohio
  Oregon
  South Dakota
  Virginia
  Utah

  (South Dakota, Utah and Ohio held meetings at the county level. D.C. held hearings in each ward.)

- o Seventeen states held a series of regional conferences or hearings:

Arizona	New Jersey
California	New York
Louisiana	Pennsylvania
Maine	Puerto Rico
Maryland	Rhode Island
Massachusetts	South Carolina
Missouri	Texas
Nevada	Washington
New Hampshire	

- o Sixteen states held statewide conferences:

Alaska	Nebraska
Arkansas	New Mexico
Colorado	Oklahoma
Connecticut	Tennessee
Hawaii	West Virginia
Kansas	Wisconsin
Kentucky	Wyoming
Michigan	Vermont

- o Four states combined previous efforts with a random selection process or developed a unique peer election process:

Florida	Montana
Idahoa	North Carolina

- o The five territories participated:

Guam	Northern Marianas
American Samoa	Virgin Islands
Pacific Trust Territories	

- o Two states are not participating:

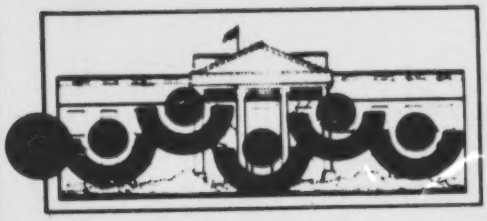
Indiana	Alabama

In compiling this summary, state recommendations were divided by topic and issue. Similar recommendations were grouped together and a sample recommendation was selected for purposes of illustration. Recommendations from only one or two states were not included in this summary for reasons of length. However, every state recommendation is included in the resource volumes Summary of State Reports. These recommendations should serve as starting points for discussions in workgroups and topic groups.

In evaluating these recommendations, I would urge you to look for areas of potential agreement and consensus. Progress for families is most likely on issues where support crosses racial, economic, geographical and ideological lines. Likewise, I would urge you to avoid using the WHCF as a forum for resolving intense and polarizing issues which already have a momentum, passion and forum of their own. There are many issues affecting families which lack the visibility, strength and focus which the Conference could provide. It would be a shame if such issues were overlooked in a battle over more controversial and politicized proposals.

Working together, I'm convinced we can come up with concrete, specific and achievable recommendations to strengthen and support families. This Workbook is an important resource in that task.

Jim Guy Tucker
Chairperson
White House Conference
on Families



White House Conference on FAMILIES

FAMILY CHALLENGES AND RESPONSIBILITIES

AN OVERVIEW

Throughout human history, families have been subject to -- and survived -- awesome social and technological change. This is no less true today. Most American households come to grips each day with a series of challenges to their well-being.

They must do this within a variety of settings, because there is no "typical American family." Rather, the nation's households form a complex social tapestry. The "extended family" -- of grandparents, parents, children, and assorted relatives sharing one roof -- was once thought to be the norm, but today the predominant family structure is "nuclear," consisting of parents and children only. And now there is an increasingly significant number of single-parent households because of the nation's high levels of divorce. In addition, many families carry out their timeless tasks of nurturance, support and love in the midst of special challenges, for example, migrant families or military families who are frequently on the move or low-income, or minority families who may be subject to economic or racial discrimination. Families of migrant workers and military personnel must deal with the additional stresses caused by frequent moves and temporary separations.

All American families are being forced to cope with a range of severe problems that are part of contemporary society, problems that do not respect boundaries of income, social status, or racial and ethnic heritage. For example, family instability and divorce springing from multiple causes have created new challenges for children and parents. How society deals with these children, as well as the children in foster care and adoption, have become concerns within the White House Conference on Families.

Family stress has produced a tragic harvest of family violence -- severe physical abuse inflicted on children by their parents, by one spouse against the other, and even by children against their parents and grandparents.

Conflicting values and pressures, whatever their causes, have contributed to substantial increases in abuse of alcohol and drugs, frequently creating situations that families are unable to handle and that legal and social institutions may handle inadequately.

Medical advances and improved health care have increased the number of aged family members. The number of four-generation families has grown dramatically. As a result, families are adjusting to the problems peculiar to aging in late 20th Century America, attempting to balance elders' needs for independence and sense of worth with their sometimes demanding requirements for physical and emotional support.

Parent-child relationships are dynamic interactions which change as families age and grow. Over the last three decades, parenting has become much more difficult. Many societal forces influence families, such as, the media, education system, judicial system, making it difficult for parental attitudes, beliefs and values to be transmitted and accepted without question. Nevertheless, recent studies indicate that most American parents and children feel they have good, solid relationships.

Over the years, the clergy, educators and social service professionals have tried to support families by offering courses in family living and parenting. During the 1970's, schools, state and county extension services and voluntary organizations have doubled the number of programs they offer in child rearing, adolescent problems, marital relationships and aging. Families are also forming their own community and neighborhood self-help groups.

These topics and others are among those discussed in the following issue briefs, as are the efforts being made by public and private organizations to provide support and services. Noteworthy among the many types of services now available are the efforts directed to helping teenagers prepare for marriage, and to helping parents improve their skills and confidence in raising their children.

Despite the diversity of American families and the breadth of the challenges they face, one family characteristic has remained constant: in times of trouble -- of illness, separation, death, or any other stress and trial -- most families try to take care of their own. A key task for the White House Conference on Families is to determine how best to assist families to help themselves as they respond to the difficult challenges of the 1980s.

White House Conference on FAMILIES

FAMILIES: CHALLENGES AND RESPONSIBILITIES

Issue Brief: Preparation for Family Life and Marriage

I. INTRODUCTION

There seems to be an explosion of interest in parenting education and family life education programs across the country on the part of parents, educators, clergy, psychologists, social service professionals, and others. The importance of providing knowledge on family living and parenting skills to family members of all ages was emphasized time and again during the White House Conference on Families national hearings and state conferences. Across the nation, family members from all walks of life expressed their concern about the growing challenges of family life in the Eighties to maintain their well-being. These factors include;

- Many families move frequently; close to two-thirds of American families now live in metropolitan areas.
- Fewer families have relatives and friends living nearby for counsel and assistance.
- The number of single-parent families has doubled since 1960, from 9 to 19 percent.
- The number of never-married parents is seven times as high as 1960.
- Half of all women with children under 18 are working.
- One of every ten teenagers under 17 is a mother.
- One million teenagers become pregnant every year.
- One million children are abused and neglected annually; 1.6 million wives are beaten each year.

The topic of parent and family life education has emerged as one of the top concerns of family members who attended state conferences. As a result, Preparation for Family Life and Marriage will be a major agenda item for discussion during the White House Conferences.

Several questions were suggested for examination by the delegates:

- o What do we mean by family life education? Education for parenthood?
- o What are the roles and responsibilities of parents in preparing themselves and their children for family living and the specific responsibilities of parenthood?
- o What are the roles of Federal and state government, educational institutions, industry, voluntary organizations and public social service agencies?
- o What particular program content would comprise a curriculum on family life education and parenthood education?
- o Where should the funding come from for future programs?
- o How can family life education and parenting education involve real community participation? Who would be involved?

II. BACKGROUND ON MAJOR ISSUES

Families have always been the primary sources of education for parenting and family living. Parents, grandparents, aunts, and uncles contribute to adolescents' preparation for parenthood. Family living skills such as communication, problem solving, marital relationships, interpersonal relations, home management and human sexuality were learned in families through observation or direct instruction. Families will continue to be regarded as the most important teachers of parenting and family living skills. However, some people have come to believe that secondary teaching resources in communities---schools, churches, and voluntary organizations---could provide valuable supplements to families' efforts.

Definition

Family life education, parenting education, education for family living, and pre-parent education are used interchangeably to identify courses which teach skills to prepare parents and children for family life and rearing children. A certain amount of confusion exists among parents concerning the differences between family life education and parenthood education. This initial confusion over basic definition can compound the even greater confusion over what is or what should be included in a family life program and parenting program.

Generally, most agree that family life education is the broader concept, and parenting education is one important aspect of family living.

Family life education has been described by the American Home Economics Association as "education for one's roles as a family member" 1/.

Family life education courses in the public schools include such subjects as: communication and relationship skills, nutrition, child development, family economics/ consumerism, human sexuality, parenting education.

Many social service agencies also are involved in family life education programs with a "birth to death" family focus and provide programs covering many different stages of family life---from newlyweds to the elderly. They attempt to include the knowledge and skills of all families to adapt as needs change. Parenting skills for young children will be different from parenting skills for adolescents; parents in their middle years need advice in the relationships with their adult children; elderly parents seek assistance with problems regarding their adult children. Besides parenting problems, family life assistance may be needed with illness, divorce, separation, and death. All these topics are broadly part of family life education.

Parent or parenting education courses could teach more than the stages of child development; they could provide both an emphasis on factual knowledge and building actual parenting skills, including:

- o Discussing alternatives for guiding children's behavior.
- o Developing the skills to communicate effectively with children.
- o Exploring the effects children have on the marital relationship.
- o Identifying personal value systems and recognizing their impact on the parent-child relationship.
- o Appreciating the commitment necessary to be a parent.
- o Experiencing supervised interaction with young children. 2/

Parent education courses are usually offered to three groups of people: adult parents with young and adolescent children, adolescent parents, and adolescents who may be future parents.

Roles of Public Schools, Extension Services, and Voluntary Organizations

Public Schools

The majority of public school programs are geared to youth and focus on future parenting and family life education skills. However, joint cooperative community school efforts have also included adult parents with young children in school programs.

Family life education courses (including parent education) are primarily the responsibility of home economics departments in the public schools. Home economics teachers have traditionally had the responsibility for teaching home-related skills such as child development, food and nutrition, clothing and textiles, and home management. During the last 10 years the emphasis has shifted toward enlarging that focus to include consumer education, parenting education, stages in the life cycle, and human sexuality, uniting all of the topics under an "education for family living" program.

Home economics departments still are the primary sponsors of public school-based family living programs, but other departments (social studies, psychology, health education, economics, sociology) are more often cooperating in teaching parts of family life education.

The quality of family life education programs and the degree of inter-departmental cooperation in the public schools are dependent on a number of factors: administration, teachers, community perspective, input of parents and funding. As a result, family life education programs vary considerably throughout the country.

"Parenting" programs for adolescents in the schools have been increasing as the numbers of teenage parents have increased. At present, programs exist to teach parenting skills, child development, and to provide information both to adolescents who are already parents and those who may choose to be in the future. Many innovative school programs include child development laboratories (infant centers) where students can get supervised child care experience and observe actual parent-child relationships.

County/State Extension Networks

Each state has an organized network of home economists and 4-H agents working in every county who are part of that state's university system. These county-based specialists provide many kinds of assistance to families and youth throughout the country.

County extension programs and their home economists may provide parenting programs for mothers and fathers with young children and adolescents, as well as family living programs for middle-aged and elderly families. In addition to parenthood education, courses cover family living concerns for all ages. 4-H specialists in the extension network are in close touch with many youth in the community. Programs for adolescents may include interpersonal communication, personal growth, sexuality, child development, marriage, and family life.

The specific programs which county extension agents direct are developed cooperatively by the state extension specialists, county agents and county program advisory committees. Boards may meet several times a year to plan programs to meet the needs of families and youth in a particular community. Local decision-making is strong.

Direct programs offered to families are only one aspect of the county extension approach. Newspaper articles, radio programs, and public announcements are additional avenues to provide parenting and family life education to families. Extension networks provide resources to families in both metropolitan and rural areas. Because extension specialists may be the primary resources outside of the public schools for many rural families, they are even more important as sources of support.

Voluntary Organizations

The nationwide network of nonprofit and locally funded organizations is growing in numbers and importance. Red Cross, Family Social Service Association, YMCA/YWCA, Scouts, Boys/Girls Clubs, Parent-Teacher Associations, and the Junior League are only a few. Others include child and family services agencies in youth recreational groups, church-sponsored agencies, and neighborhood and community centers.

Voluntary agencies, not limited by the rules and regulations which state social service and educational institutions must follow, have greater flexibility.

"Voluntary" also applies to the manner in which services are provided through voluntary organizations. Families choose to contact and be participants in the programs. The results are flexible programming on the agencies part, and interest and participation from families. A wide range of programs are offered: programs for single parents, step-parents, parents with handicapped children, programs for coping with stress, and enhancing marital relationships.

Social service agencies have become increasingly involved with prevention-oriented family living programs. Within the last two years, Boston Family Social Services, for example, has increased its prevention programs for parenting and family living from 70 to 140.

Family Social Service agencies often are the coordinating agencies for programs in communities. A particular parenting, child abuse, or newborn health program in a community may involve the efforts of from three to 15 resource groups and a social service agency often coordinates the total program efforts.

Many more voluntary organizations are cooperating with each other and with the public schools to provide programs for adolescents in the areas of parenthood education, drug/alcohol abuse, smoking, and human sexuality, among others. As a result, the schools need not absorb all the cost, and smaller groups of students with specific concerns can be met more effectively and successfully.

A Sampling of Programs

A sample of innovative programs which support families' efforts to rear children and cope with changing times are outlined below. Some are provided through the schools, others through voluntary organizations.

Dimensions for Living, a program developed through the community efforts and planning of the Tidewater (Va.) Assembly on Family Life, is a curriculum to be used by elementary and secondary teachers to increase students self awareness and appreciation for family living, parenthood, and marriage through education.

Family Life Education, in Warren County Senior High School, McMinnville, Tennessee, has grown from one class to eleven in nine years, with an enrollment of 300 students, about half of them male. The acceptance of the program and its growth are attributed to subject matter relevant to student concerns as well as strong support by the school administration.

Exploring Childhood, funded by the Federal government's Children's Bureau and developed by the Education Development Center, is for secondary school youth. The program helps students better understand child development, family relationships, and childrearing in different cultures. Exploring Childhood has been used in over 4,000 schools and in 50 states. It has also served as a basis for a Head Start curriculum, "Exploring Parenting".

Footsteps is a series of 30 half-hour programs shown on the Public Broadcasting Service to explore everyday parenting problems and situations. Footsteps was shown in 1978-79 to an estimated 2 million viewers. This year the program series ran from October through March. Funding for Footsteps was provided by the U.S. Office of Education.

Exploring Marriage is a 5-6 week course developed by the Boston Family Social Service Agency. Presented in cooperation with public schools and churches, the course provides groups of high school students with a realistic view of marriage. Content includes examination of communication, problem solving and marital relationships. It can be used in conjunction with sociology, psychology, and home economics courses.

Religious Institutions and Family Life Education

The relationship between religious institutions and families is long standing and deeply interwoven with everday life. Religious institutions have always been involved in preparing family members for the various landmarks within the life cycle, namely, birth, marriage and death. Although all religions provide instructions in family life and marriage, the scope and quality of that instruction is largely dependent on the religious denomination, the local church, and the particular pastor, rabbi or priest.

Many religious organizations have developed a variety of family-centered programs, such as:

Intergenerational Family Circles

This program, initiated by B'nai B'rith, promotes informal discussions on topics of mutual interest to family members of all ages. The family circle begins when one family invites the parents, children and grandparents of three or four other families in their home for sharing.

Marriage Enrichment Programs

These programs are designed to encourage greater communication and sharing between spouses. Marriage Enrichment programs originated in churches during the early 1960's. In 1962, David and Vera Mace conducted Marriage Enrichment programs under Quaker sponsorship. Several other denominations organized similar programs such as the Marriage Communication Labs of the United Methodist Church. Marriage Encounter groups have been activated within the Catholic, Jewish and Protestant communities and seem to be quite successful in strengthening married life.

Engaged Encounter

The majority of major denominations offer pre-marital instruction to couples contemplating marriage. One such program, "Engaged Encounter", sponsored by the Catholic Church, has been part of a national marriage preparation movement. This program, offered over a weekend, encourages couples to examine their goals and attitudes regarding topics such as family life, sexuality, children and finances.

Family Devotional Periods or the Family Altar

These are times set aside for sharing and discussion within the family unit around spiritual truths and moral values. These intimate sessions may include scripture reading, prayer, and sharing of everyday events and insights. Many religious

organizations have developed literature for such times. The Church of the Latter Day Saints has developed an elaborate curriculum for the "Family Home Evenings", the title for this kind of family activity.

There appears to be renewed commitment on the part of American religious institutions to meet the needs of individuals within the context of the family. This is evidenced in the many family ministry programs that serve all kinds of families at all stages of the life cycle.

SUMMARY OF STATE RECOMMENDATIONS: PREPARATION FOR FAMILY LIFE AND MARRIAGE

Thirty states made recommendations addressing opportunities to learn about family life and parenting.

Sponsorship

- Twenty-nine states made recommendations regarding the role of educational institutions and preparation for family life.
- Eighteen states suggested public and private sector cooperation to provide a variety of family life education opportunities.
- Six states addressed the role of public media in regard to family life education.
- Six states recommended ways that community organizations and agencies can provide opportunities for family life education.

Content

- Fifteen states made recommendations regarding sex education.
- Seven states made recommendations about the content of family life education.

Legislation/Funding

- Six states suggested specific legislation or legislative strategies to support preparation for family life programs.
- Four states made recommendations which addressed funding and resources to support family life education.
- Several states made a variety of additional recommendations which addressed the role of business, religion and families in preparing children for family life and the training of professionals to provide family life education. Others made individual recommendations and statements of principle and values regarding preparation for family life.

SPONSORSHIP

Educational Institutions

Texas proposed:

"Family life education should be included in the school curriculum."

Similar recommendations were made by: Alaska, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Iowa, Kansas, Kentucky, Maryland, Minnesota, Missouri, Montana, Nebraska, New Hampshire, New York, North Carolina, North Dakota, South Carolina, South Dakota, Texas, Washington, West Virginia.

District of Columbia proposed:

"Courses in family life and preparation for marriage should be available at all grade levels."

Similar recommendations were made by: Hawaii, Illinois, Kansas, Kentucky, Missouri, Minnesota, New York, South Carolina.

Kentucky proposed:

"State Departments of Education will develop guidelines for integration of family life, parenting, and coping skills in existing school programs.

Similar recommendations were made by: California and Connecticut.

Public/Private Sponsorship

Colorado proposed:

"Establish and promote parenting programs, at all levels, through:

a. Teacher certification
b. Media
c. Government-subsidized programs
d. Hospitals
e. Places of employment (on the job)
f. Schools
g. Day care centers
h. Marriage license bureaus
i. Professionals (e.g., lawyers physicians, etc.)
j. Adult Education."

Minnesota proposed:

"Parent education and parent support programs should be a priority for religious institutions, community and private agencies, and the public educational system."

Texas proposed:

"It should be the policy of local agencies, churches, and schools to make family life education materials available."

Similar recommendations were made by: Arkansas, Illinois, Iowa, Kentucky, Maryland, Nebraska, Montana, New Hampshire, New York, North Dakota, Oklahoma, South Dakota, South Carolina, Vermont, West Virginia.

Media

Kentucky proposed:

"Mount a media campaign to educate, support and prepare family members to fulfill their roles, including advertisements, public television courses and programming."

Similar recommendations were made by: Colorado, Nebraska, South Dakota, South Carolina and Washington.

Community Organizations and Agencies

Arkansas proposed:

"Encourage civic clubs and groups to get involved in promoting parenting education."

Similar recommendations were made by: Kentucky, Maryland, Minnesota, South Carolina, Washington.

Content

Sex Education

Fifteen states made recommendations concerning sex education in the public schools.

North Carolina proposed:

"Sex Education shall be taught at all levels and curricular options shall be jointly developed by educators and parents prior to the implementation."

Similar recommendations were made by: Arkansas, Colorado, District of Columbia, Oklahoma and Washington.

West Virginia proposed:

"Programs should be developed on parental sex education so parents can teach their children."

Similar recommendations were made by: Arkansas, Nebraska, Washington and West Virginia.

Tennessee proposed:

"Potential policy programs for implementation to address this concern, arranged in descending order of preference, are:

1. sex education programs in the home.
2. sex education programs in the schools
3. sex education programs in the churches.

Similar recommendations were made by: Arkansas and Nebraska.

Washington proposed:

"Establish a community task force composed of parents, teachers, and students to review the curriculum and define concepts to be presented."

Similar recommendations were made by: Arkansas and North Carolina.

Arkansas proposed:

"No sex education program should be taught in public schools without prior notification of parents whose children are involved."

Similar recommendations were made by: Nebraska.

Arkansas alone proposed:

"That sex education be taken out of the public schools and placed back in the homes."

New York proposed:

"Typically, programs need to address such topics as communication, interpersonal relations, parenting skills, sexuality, values clarification and goal setting, vocational and career training, changing roles of men and women, and decision making."

Similar recommendations were made by: Illinois, Kentucky, Maryland, Nebraska, Washington, West Virginia.

Legislation/Funding

Wyoming proposed:

> "Family programs published and encouraged, legislation that strengthens and supports family life and public officials who support the concepts of family life."

Similar recommendations were made by: Delaware, Maryland, Texas, Washington.

Business, Church, and Families

South Carolina proposed:

> "Religious institutions must accept more responsibility for providing family life education programs and counseling services."

Similar recommendations were made by: Arkansas, Illinois, Minnesota and North Dakota.

Arkansas proposed:

> "Business and industry: encourage business and industry to take an active role in providing parenting education for their employees and the community."

Similar recommendations were made by: Delaware, South Carolina and South Dakota.

Wyoming proposed:

> "Parents must be prepared to cope with ways to support their children financially and emotionally until the children become productive members of their communities."

Similar recommendations were made by: Colorado and South Carolina.

RECOMMENDATIONS	NUMBER OF STATES MAKING SIMILAR RECOMMENDATIONS	STATES
Sponsorship		
o Educational Institutions	28	AK, CA, CT, AR, CO, GA, IL, KS, KY, MD, MN, MO, NB, NH, NY, SC, SD, TX, WA, WV, DE, HI, IA, ME, MT, NC, ND, OR, VT
o Public and Private Sector Cooperation	18	IA, MT, AR, IL, KY, SC, MD, NB, MN, ND, NH, NY, OK, SD, TX, VT, WV.
o Role of Media	6	CO, KY, NB, SC, SD, WA.
o Community Organization and Agencies	6	AR, KY, MD, MN, SC, TX.
Content		
o Sex Education	15	AR, CO, DC, NB, NC, TN, WA, WV, IA, MS, ND, OK, SC, TX UT
o Family life education should prepare individuals for family life	7	IL, KY, MD, NB, NY, WA, WV
Legislation funding		
o Laws/Legistrative strategies	6	DE, GA, MD, TX, WV, WY
o Funding/Resources	4	AR, IL, KY, NY
Business, Church and Families		
o Business	5	AR, CO, DE, SC, SD
o Church	4	IL, MN, SC, ND
o Families	5	AR, CO, SC, WA, WY
o Principles/Values	7	AR, GA, IL, NB, NY, SC, SD, VT

FAMILIES: CHALLENGES AND RESPONSIBILITIES

Issue Brief: Preparation for Family Life and Marriage

FOOTNOTES

1. "Family Life Education", a position paper prepared under the guidance of Wilma Hazen, Director, Center for the Family, American Home Economics Association, pages 1,2.

2. Bettye Caldwell, Betty Pagan, "Universalizing Parenthood Training via Public Education", Families and Schools: Implementing Parent Education. Denver: Education Commission of the States, 1979, page 20.

FAMILIES: CHALLENGES AND RESPONSIBILITIES

Issue Brief: Preparation for Family Life and Marriage

REFERENCES

A Vision and Strategy: The Plan of Pastoral Action for Family Ministry Washington, D.C.: U.S. Catholic Conference, 1978.

"Catholic Engaged Encounter: The Weekend Encounter". Mercerville, N.J.: Catholic Engaged Encounter Inc., 1977.

Coward, Raymond T., Kerckhoff, Florence G. "Parent Education in the Public Schools", Journal of Home Economics, March 1978, pages.24-27.

Crowe, Kay. "Family Life Education", Transition, vol. 2, no. 3, Ottawa: Vanier Institute of the Family, October 1971.

Dimensions For Living: A Teaching Guide 7-12, produced by the Tidewater Assembly on Family Life. Norfolk: The Planning Council, 1973.

Earhart, Eileen M. "Parent Education: A Lifelong Process", Journal of Home Economics, Spring, 1980, pages 39-43.

Edelman, Lily Lifecycle: Programming for Adults. Washington, D.C.: B'nai B'rith Program Department.

Education for Parenthood. Tulsa: Department of Home and Family Life, Tulsa Public Schools, 1977.

Families and Schools: Implementing Parenting Education. Denver: Education commission of the States, January 1979

"Family Circle Feature: The New Morality", Jewish Heritage. vol. 14, no. 2 Washington, D.C.: B'nai B'rith Program Department, 1972, pages 39-42.

Family Home Evenings. Salt Lake City: The Church of Jesus Christ of Latter Day Saints, 1979.

Ogg, Elizabeth. "New Ways to Better Marriages", no. 547, New York: Public Affairs Pamphlets, 1977.

Otto, Herbert A., ed., Marriage and Family Enrichment: New Perspectives and Programs. Nashville: Abingdon, 1976.

FAMILIES: CHALLENGES AND RESPONSIBILITIES

Issue Brief: Preparation for Family Life and Marriage

REFERENCES

"Parenting Education: Working Conference Summary Report", Flint, Michigan: Charles Stewart Mott Foundation, September 29-30, 1977.

"Public Policies and Families", Origins vol. 9, no. 27, Washington, D.C.: National Catholic News Service, December 20, 1979, pages 429, 431.

The Role of the Family in Child Development: Implications for State Policies and Programs. Denver: Education Commission of the States, December 1975.

Washington, Wakefield Associates, and Rich, Dorothy. "The Family as Educator/ The Home as a Learning Center", a paper prepared for use by the White House Conference on Families, Wahington, D.C. April 1980.

Watson, Bernard C., "Education and the Impact on the American Family". paper prepared for presentation at the National Research Forum on Family Issues, White House Conference on Families, Washington, D.C., April 10-11, 1980.

White House Conference on FAMILIES

FAMILY CHALLENGES AND RESPONSIBILITIES

Issue Brief: Specific Supports for Families

I. INTRODUCTION

American society relies on its families, the basic social unit, to transmit its values, cultural traditions, and way of life. There is no one "American family," but many families that vary in age, race, ethnicity, economic status, and structure. A children's book, All Kinds of Families, beautifully describes this diversity:

> Families come with all kinds of people, different sizes, different ages. They make all kinds of families... A family is people who belong together. Like husbands and wives and their children. Like mothers and their children...like fathers and children. Like grandparents and grandchildren...people in a family help each other and try to take care of each other...There are changes but families go on...1/

The activities of the White House Conference on Families have attracted members of many different kinds of families: nuclear families, single-parent families, military families, migrant families, and extended families, to name just a few. President Carter called on the Conference to "examine the strengths of American families, the difficulties they face, and the ways in which family life is affected by public policies." The President also urged the Conference to "reach out, not only to scholars and to experts, but to many thousands of Americans around this country who know from their own experience what makes a family strong." This issue brief will provide some basic information about the rich diversity of American families and will present some of the recommendations heard at White House Conference on Families state conferences regarding ways in which families can be supported and strengthened. It attempts to deal with several basic questions, such as:

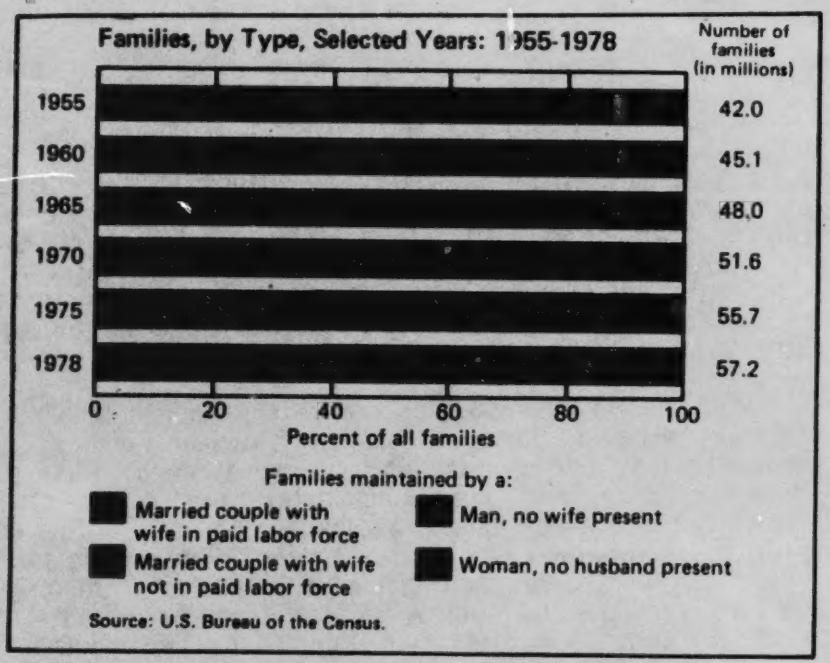
- Are the support networks now available to families adequate to their needs?
- Which sources of support should be strengthened and in what ways?

- o Are there kinds of support that are best suited to specific types of families and can these be made more effective?

II. Background on Major Issues

Data reveal that most Americans are satisfied with family life. Census studies conducted since 1973 reveal that three of every four adults say they find "a very great deal" or "a great deal" of satisfaction from family life. 2/

Families are changing. The following chart documents shifts in family types from 1955 to 1978:



The Nuclear Family

The nuclear family, consisting of husband, wife, and children, continues to be the most common family structure in America. An estimated 81 percent of all families are nuclear. The size of the nuclear family has decreased significantly. When the first Census was conducted in 1790, 36 percent of the households consisted of seven or more persons, generally a father, mother and five or more children. In 1975, this number had decreased to 3.5 percent of all households consisting of seven or more persons. This can largely be explained by declining birth rates.

The traditional concept of the nuclear family has been one in which the husband has worked and the wife stayed at home with the children. Census Bureau studies indicate that since 1950, there has been a marked increase in the proportion of families in which both husband and wife work.

Approximately 50 percent of all nuclear households are families with young children. About 25 percent include teenagers, and the remaining 25 percent are composed of families in middle and late years.

The Extended Family

An extended family usually consists of parents and children, plus grandparents, aunts, uncles, and other relatives, all related by blood or marriage, who live together, interact frequently, and help each other with some regularity. In addition, those who have been given ceremonial family status - such as godmothers, favorite friends, and neighbors - sometimes complement an extended family's resources. While historically, the extended family's members have lived together under one roof, this type of living arrangement has decreased considerably.

A recent study estimates that 12 percent of married elderly persons live in extended households, as do 17 percent of the single, widowed, and divorced elderly. 3/ Approximately 3 percent of elderly individuals live in three-generation households as a result of illness or extreme age.

The network of relatives usually associated with an extended family helps out by providing child care, home repairs, housework, and health care. In the future, rising living costs may result in more informal extended family networks.

The Single-Parent Family

In 1978, Census Bureau data revealed that 19 percent of all families include only one parent, with about 90 percent of these families headed by women. The annual income of female-headed households is about one-third that of two-parent families.

Nearly half the nation's black families are headed by single parents, compared with 15 percent white families; this trend seems to be on the increase for both racial groups. Although there is a high rate of black single parents, about the same number of black children live with one parent as live with two parents. In 1978, an estimated 45 percent of black children under 18 lived with one parent and 44 percent with two parents.

There has been a small increase in the proportion of single-parent households headed by fathers. These fathers are likely to be college educated and to hold managerial or professional jobs.

The annual income for female-headed households is approximately one-third that of two-parent families.

Even though single-parent families face difficult challenges, many single parents have developed real strengths in overcoming these and even report some benefits: 4/

- o Having to be both mother and father often fosters a strong sense of accomplishment and satisfaction.
- o Single parents often find that their relationships with their children have become very close.
- o The children in single-parent households assume more responsibilities around the house and tend to become more helpful and independent. This indicates that sometimes adversity breeds strength.

The Military Family

During the White House Conference on Families national hearings, people in the armed services described some of the difficulties faced by military families. (Among them:)

Family life is frequently disrupted by transfers to new posts inside and outside the United States. The costs of these transfers are inadequately reimbursed. For example, the costs of travel to locate new living quarters, to assume new home mortages, and of temporary housing are not covered. In areas where housing is scarce, the family may not be able to stay together; these periods of separation may strain family relationships.

Military families who live on a military base are often not covered by the community, social, and welfare services available to others. In some problem areas, such as family violence, special programs have been developed to meet the needs of military families.

Military families must frequently adjust to foreign cultures and environments far away from their own family-support networks. Laws prohibit employment for overseas dependents, making a second source of income almost impossible. Income supports such as food stamps are also not available to overseas military families who in many cases live in nations where the decreased value of the dollar makes the cost of living

extremely high. Despite these conditions, legislation now before the Congress would end subsidies for overseas living expenses given to the dependents of military personnel.

In some parts of the world, quality health services are not available. For example, pregnant military women and dependents in Turkey, Greece, or Italy must travel to Germany to have their children. These women must leave their homes 30 days prior to giving birth, causing additional family separation, child care expenses, and other financial burdens.

Many overseas military families feel that their children's opportunities for higher education are limited and that they must send them back to the United States to receive an acceptable college education.

Family Supports

Before examining the recommendations presented at the WHCF State Conferences, it may be helpful to look at some of the mechanisms being used to strengthen and support families. The issue brief on The Family and Community Institutions discusses the support provided by community, neighborhood, and religious organizations. This issue brief reviews some of the supports which families use.

Members of both nuclear and extended families help each other in time of need. Even when there is little affection between family members they will often help when needed. Relatives give each other financial assistance, child care, and household help. They also serve a family's recreational and social needs. Many families have organized elaborate yearly family reunions, "Cousins' Clubs," and family foundations.

In a society of co-existing racial and ethnic groups, ethnic and cultural identification gives an added sense of community and provides strengths and support. The ethnic and racial background of families significantly affects the nature of family relationships. Several studies have looked at the ways in which specific ethnic and racial groups handle life's problems. One study identified five areas of strength in black families: strong kinship bonds, strong work orientation, flexible family roles, strong achievement orientation, and strong religious orientation. 5/ The study states that those five factors "have been functional for the survival, advancement and stability of black families."

Religion and its institutions have also played a major role in strengthening families. Alexis de Toqueville, the French visitor who made penetrating observations of American Society in the early 19th Century, once called religion the cement that holds a pluralistic society together. Families transmit important values to their children and most of these values are reinforced through religion. Most religious institutions

have social services, relief societies or other groups which seek to address some of the physical and social needs of the community. These efforts frequently provide financial assistance, food, clothing, and shelter for the needy and make available household and day care services. In addition, church or synagogue-based schools offer families alternatives to public education.

In summary, families receive support in a variety of forms and from a mosaic of sources. Collectively, this support is a critically important force for family well-being.

STATE RECOMMENDATIONS: SPECIFIC SUPPORTS FOR FAMILIES

A total of 30 states made recommendations on specific family structures.

Supports for Families

- Eighteen states made recommendations on the need for laws and policy to strengthen and not weaken families.

Single Parent Families

- Fifteen states specifically addressed the problems of single parent families.
- Six states proposed child care services.
- Five states proposed counseling service.
- Seven states proposed specific law revisions for single parents.
- Five states recommended that the government meet the special needs of single parents.

Definitions of the Family

- Thirteen states made recommendations on how the family should be defined.

Diversity of Families

- Eleven states made recommendations on the need for government to be sensitive to the needs of diverse families.

Traditional Families

- Nine states expressed concern about preservation of the family as a traditional unit.

Extended Families

- Six states made recommendations recommending support for the extended family,

Several states made recommendations on the special needs of rural families and military families.

Supports for Families

Arkansas proposed:

"Laws should be made and interpreted to strengthen family structures rather than weaken them."

Other states making recommendations about the need for government and laws to be sensitive to families include Rhode Island, Oklahoma, Delaware, Wyoming, Arkansas, Washington, Wisconsin, South Carolina, South Dakota, Minnesota, New York, Connecticut, Missouri, Colorado, Illinois, Hawaii, Kansas, and New Hampshire.

Single Parents

Maryland proposed:

"It should be the policy of the government to meet the special social and economic needs of single parent families."

Other states making similar proposals include Colorado, Illinois, Kansas, Texas, and Massachusetts.

Arkansas proposed:

"Recognize problems of single parent families and be sensitive to their needs."

Other states proposing services and/or community supports for single parents include Alaska, Colorado, Kansas, Maryland, Minnesota, North Dakota, Texas, Rhode Island, and Vermont.

"Child care services" were recommended by Alaska, California, Georgia, Maryland, Minnesota, and Texas.

Counselling was recommended by Alaska, Kansas, Maryland, Texas, and Vermont.

Employment was recommended by Alaska, North Dakota, Illinois, and Vermont.

Kentucky proposed:

"The social and economic situation of single head of households should be strengthened by the enactment and enforcement of laws and through increased social awareness."

Other states proposing specific law revisions for single parents include Illinois, Kansas, Kentucky, Maryland, Minnesota, and Texas.

Definitions of the Family

West Virginia proposed:

"A family consists of a person or groups of persons who are related by blood, marriage, adoption, or legal custody."

States making recommendations to define a family similar to the West Virginia proposal include Arkansas, Illinois, Maryland, Mississippi, Nebraska, North Dakota, Texas and Washington.

District of Columbia proposed:

"No discrimination against non-traditional marriages."
Similar recommendations were proposed by Maryland and California (proposed legal recognition of non-traditional family forms).

Oklahoma proposed:

"Government should not redefine the legal term of family to include homosexual marriage".

Arkansas and Washington also recommended that the definition of family exclude homosexual unity. Iowa also recommended against legalizing homosexual marriage.

Diversity of Families

California proposed:

It should be the policy of government to support an atmosphere of acceptance, respect and understanding for families of different cultural, linguistic, ethnic and religious backgrounds.

Similar recommendations relating to government and the private sector were proposed by Missouri, Georgia, Maryland, New York, Washington, Rhode Island, Alaska, Hawaii, Oklahoma and Wisconsin.

Traditional Families

Maryland proposed:

It should be the policy of the government to encourage traditional family structures.

Similar recommendations were proposed by Arkansas, Alaska, Hawaii, Illinois, Maryland, Nebraska, Texas, and Missouri.

Extended Family

New York proposed:

"Neither adults nor families receiving aid should be penalized for living in an extended family."

Other states recommending support for the extended family include California, Georgia, Illinois, New Hampshire, and Washington.

RECOMMENDATIONS	NUMBER OF STATES MAKING SIMILAR RECOMMENDATIONS	STATES
o Supports for Families	17	AR, CO, CT, DE, HI, IL, KS, MN, MO, NH, NY, OK, RI, SC, SD, WA, WI
o Single Parent Families	15	AR, AL, CA, CO, GA, IL, KY, KS, MD, MN, MS, ND, RI, TX, VT
o Definitions of the Family	13	AR, DC, HI, IL, MD, MS, MO, NB, ND, OK, TX, WA, WV
o Diversity of Families	11	AL, CA, HI, GA, MD, MO, NY, OK, RI, WA, WS
o Traditional Families	9	AL, AR, HI, IL, MD, MO, MS, NB, TX
o Extended Families	6	CA, GA, IL, NH, NY, WA

FAMILY CHALLENGES AND RESPONSIBILITIES

Issue Brief: Specific Supports for Families

FOOTNOTES

1. Simon, Norma All Kinds of Families. Chicago: Albert Whitman and Co., 1976.

2. U.S. Department of Commerce, Bureau of the Census, American Families and Livng Arrangements. prepared for the White House Conference on Families, 1980, page 1.

3. Shanas, Ethel "The New Pioneers", Journal of Marriage and the Family. vol. 42, no.1, February, 1980, 11-12

4. The Boston Women's Health Book Collective, eds., Ourselves and Our Children. New York: Random House, 1978.

5. Hill, Robert The Strengths of Black Families. New York: Emerson Hall, 1972, pages 5-7.

FAMILY CHALLENGES AND RESPONSIBILITIES

Issue Brief: Specific Supports for Families

REFERENCES

American Families and Living Arrangements. Prepared for the White House Conference on Families by the U.S. Department of Commerce, Bureau of the Census, 1980.

Birren, James E., Woodruff, Diana S., eds., Aging: Scientific Perspectives and Social Issues. New York: D.Van Nostrand Co., 1975.

Boston Women's Health Book Collective, eds., Ourselves and Our Children. New York: Random House, 1978.

Hareven, Tamara K., "American Families in Transition: Historical Perspectives on Change". paper prepared for the Research Forum on Family Issues, White House Conference on Families, April 9, 1980.

Hutchison, Ira, "Family Diversity", Minneapolis: National Council on Family Relations.

Kenniston, Kenneth and The Carnegie Council on Children. All Our Children: The American Family Under Pressure. New York: Harcourt Brace Jovanovich, 1977.

Landrum, Cecile S., "The Changing Military Family: Impact on Readiness 4 Parameters Army War College, Carlisle, Pa., to be published June, 1980.

Le Masters, E.E., Parents in Modern America. Homewood, Illinois: The Dorsey Press, 1977.

Lofas Jeannette, Roosevelt, Ruth, Living in Step. New York: Stein and Day, 1976.

Mc Adoo, Harriette "Black Kinship", Psychology Today. pages 64-80, May 1979.

McCubbin, Hamilton; Marsdan, Martha; Durning, Kathleen; Hunter, Edna J., "Family Policy in the Armed Forces: An Assessment", Air University Review, pages 46-57, September/October, 1978.

Norton, Arthur J., Glick, Paul C., "Changes in American Family Life", Childre Today. pages 35-37, May/June 1976.

FAMILY CHALLENGES AND RESPONSIBILITIES

Issue Brief: Specific Supports for Families

REFERENCES

Population Reference Bureau, Inc., "Marrying, Divorcing and Living Together in the U.S. Today", Population Bulletin by Paul C. Glick and Arthur J. Norton, vol. 32, no. 5, Washington, D.C., 1977.

Savelds, Jerald, Cross, Lawrence J., eds., The Changing Family: Making Way for Tomorrow. New York: Holt, Rinehart and Winston, 1978.

Shanas, Ethel, "Older People and Their Families: The New Pioneers", Journal of Marriage and the Family, vol. 42, no. 1, pages 9-15 February 1980.

Simon, Norma, All Kinds of Families, Chicago: Albert Whitman and Co., 1976.

Stack, Carol B. "Family Support Networks and Family Values". paper prepared for the National Research Forum on Family Issues, White House Conference on Families, Washington, D.C., 1980.

Stinnet, Nick, Chesser, Barbara, DeFrain, John, eds., Building Family Strengths: Blueprints For Action. Lincoln: University of Nebraska Press, 1979.

Sussman, Marvin B., "Positive Family Functioning", paper prepared for The National Research Forum on Family Issues, White House Conference on Families. Washington, D.C., April 1980.

"The Status of the American Family: Policies, Facts, Opinions and Issues". Washington, D.C.: National Education Association, 1979.

U.S. Department of Commerce, "The Future of the American Family" by Paul C. Glick., Washington, D.C.: Bureau of the Census. Current Population Reports, Special Studies, Series P-23, no. 78, January, 1979.

U.S. Department of Health, Education, and Welfare. Families Today: A Research Sample on Families and Children, vol. I. Eunice Corfman, ed., Washington, D.C.: U.S. Government Printing Office. publication 79-815, 1979.

U.S. Department of Health, Education, and Welfare, "Stepfamilies", Children Today by Doris S. Jacobson. Washington, D.C.: U.S. Government Printing Office, publication 79-30014, pages 2-6, January-February, 1980.

FAMILY CHALLENGES AND RESPONSIBILITIES

Issue Brief: Specific Supports for Families

REFERENCES

U.S. Department of Health, Education, and Welfare, Stepparenting by Renato Espinoza and Yvonne Newman. Washington, D.C.: U.S. Government Printing Office. publication 78-579, 1979.

U.S. Department of Health, Education, and Welfare. "When Father Gets Custody". Children Today by Karen W. Bartz and Wayne C. Witcher. Washington, D.C." U.S. Government Printing Office, publication 78-30014, pages 2-6, September-October 1978.

Yankelovich, Skelly and White, Inc. The General Mills American Family Report 1976-77: Raising Children in a Changing Society. Minneapolis: General Mills, 1977.

White House Conference on FAMILIES

FAMILY CHALLENGES AND RESPONSIBILITIES

Issue Brief: Parents and Children

I. INTRODUCTION

To be a parent is one of the most challenging and demanding experiences of a lifetime. Parenting is a continuing occupation filled with long hours of hard work, lots of responsibility, some disappointment and frustration, loads of joy and satisfaction. Despite the enormity of the task and the ability to choose whether or not to have a child, couples continue to become parents.

Throughout the many events of the White House Conference on Families parents have voiced their hopes and concerns for their children and the social attitudes and institutions that sometimes interfere with their ability to raise them with the values they deem important. In this issue brief, information will be presented on parents, children, and their relationships. Other related topics such as adoption, foster care, and adolescent parents will also be discussed.

II. BACKGROUND INFORMATION ON THE ISSUES

Parents and Children

- According to the Census Bureau, in 1975 less than 5 percent of wives who were interviewed about family plans expected to remain childless.
- Family size is smaller today. The number of wives age 18 to 34 who expected to have three or more children was less than half as large as a decade earlier.1/
- In 1978, 53 percent of families included at least one child under 18 years old, about 23 percent had a child under age 6, and, 13 percent had a child under age 3.
- Most children under 18 (80 percent in 1976) live with two parents (not necessarily their natural parents). Among black children the proportion stood at one-half (49.6 percent).2/

- An estimated 19 percent of all families with children are one-parent families. Approximately 17 percent are female-headed households compared with 2 percent headed by males.3/

- Cross-cultural studies reveal children who care for younger brothers and sisters tend to be more nurturing and responsible, and less dependent and dominant than others.

- Even when large and small families are equally well off, children from large families do not get as much education, as good jobs, or earn as much as children from small families. 4/

- The total cost of child rearing, including child-birth, childhood, adolescence, and four years of college, was estimated at $64,215 in 1977.

- Couples now live longer and end childrearing earlier. Increased longevity and decreased birth rates have greatly increased the amount of time couples spend together alone.5/

Parent-Child Relationships

- An estimated 36 percent of parents with children under the age of 13 (one out of three) and 44 percent of all working mothers (four out of ten) say they worry about the job they are doing as parents.6/

- Nearly 38 percent of working women with children express dissatisfaction with the amount of time they spend with their children, compared with 19 percent of women who don't work full time and feel the same way.7/

- The large majority of parents (91 percent) said they would have children again if they had a second chance.

- A majority of parents today agree that they should have lives of their own, even at the expense of spending less time with their children.

- Seventy-three percent of younger, more-educated parents believe that children should have no future obligation to their parents, regardless of parental sacrifices.

- A clear majority of parents (80 percent) are happy with the time they spend with their children, with the way the family works together, and the way they solve family problems.

- Today's parents differ in their views about discipline. On one hand, 23 percent consider themselves permissive; the majority (51 percent) recognize themselves as temperate; and approximately 26 percent adhere to strict attitudes.

- Parents are particularly concerned about the influence of drugs on their children.

- Two out of three parents have difficulties talking with their children on topics such as sex, death, their feelings, family problems, and money.

- Children are in conflict with their parents over many things. However, the conflicts cited most often include arguments over chores, things to buy, television programs, and homework.

- The majority of children (ages 6 to 12) are satisfied with their schools, neighborhoods, families, and friends.

- About 44 percent of teenagers feel that they watch too much television.

- Of parents, 73 percent believe television to be a good influence in educating their children. Twenty-three percent believe it to be bad. However, the majority of parents are concerned about the effects of television violence on their children.

- When parents experience problems with their children they prefer to work it out themselves. If, however, they decide to seek assistance, they look to educators, child psychologists, or clergymen.

- Parents report they would be most interested in assistance in the areas of parenting, discipline, sex education, drugs, and teaching methods.

- Children prefer to confide in friends rather than parents, yet in their families they prefer the confidence of their mothers. They are least comfortable with teachers, doctors, and clergymen.

In the last century, society has undergone many radical changes, and these have had a significant impact on parenting and the way children are raised. Psychologist Kenneth Keniston described the bewilderment engendered by these changes in this way:

> American parents today are worried and uncertain about how to bring up their children. They feel unclear about the proper balance between permissiveness and firmness. They fear they are neglecting their children, yet sometimes resent the demands their children make. Americans wonder whether they are doing a good job as parents, yet are unable to define just what a good job is...

Numerous forces and institutions touch the lives of children. This imposes an additional responsibility on parents in attempting to control and supervise these forces. This is a very difficult job because the representatives of these institutions---such as, teachers, doctors, social workers and even television producers---possess more public status than most parents. Some parents feel a strong sense of helplessness in dealing with larger institutions and professionals.

Substitute Parents - Foster Care

Foster care was designed to be a temporary solution for children whose natural parents are ill, abusive, neglectful, have abandoned them, or are unable to care for them. These children become wards of the state through legal action and are placed in foster homes, group homes, residential treatment centers, special schools, or in other child-care institutions. During the national hearings, we listened to many parents express their concerns about the foster care programs and their approach to families. This section will discuss some of the complex issues that surround foster care.

The following facts concerning children in foster care were taken from the 1979 Report of the National Commission on Children in Need of Parents, Who Knows? Who Cares?: Forgotten Children in Foster Care:

- The number of children in foster care has doubled since 1960. In 1977 it was estimated that approximately half a million children were in foster care and of that figure 50 to 90 percent were without plans to return home or to be adopted.

- Although some children in foster care are young, the majority are pre-adolescents and adolescents. They are predominantly low-income children with special needs.

- The incidence of teenagers in need of foster care has risen because of family conflicts and referrals from juvenile courts for problems such as running away, delinquency, drug abuse, and truancy.

- Minority children are significantly overrepresented in foster care. Black children are the largest group in care, though attention has also been focused on Hispanic and Native American children. Minority children in foster care may be especially vulnerable to placements which may be inappropriate or lack sensitivity to their cultural needs.

- Studies revealed that 40 percent of the children placed in foster care remain there for a period of from one to five years.

- High turnover rates among foster parents can in part, be attributed to inadequate support payments. Typical foster parent subsidies range as low as $90 per month in Texas to $145 in Nebraska.

- A 50 to 100 percent turnover rate is reported for foster care caseworkers. Even though a recommended caseload is 20 to 30 children, the average number of children per caseworker is 70 to 90 cases. Large caseloads, low salaries, poor training, and little supervision contribute to dissatisfaction with foster care casework.

III. CURRENT PROGRAMS AND POLICIES

State foster care programs are supported primarily by two Federal initiatives: Title IV-A Aid to Families with Dependent Children - Foster Care (Section 408, Social Security Act) and Title IV-B Child Welfare Funds. AFDC-Foster Care is the major source of Federal participation in state programs with approximately $213 million in funds available for use. This is income maintenance money and can be used only to provide room and board for low-income eligible children out of their homes.

Title IV-B funds have been authorized at $266 million but the Congress has never appropriated more than $56.6 million annually. This relatively small amount of money (approximately $1 million per state) can be used for prevention and restoration services. However, because it is underfunded and utilized at a state's discretion, most of the funds are directed to room and board payments rather than toward services to reunite families or keep them together. 8/

There are at present no Federal programs which provide funds to subsidize adoptions for hard-to-place children with emotional or physical handicaps. The added expenses required for providing regular medical treatment, for expensive equipment, and for emotional care discourage families from adopting these children. Current adoption subsidy programs are state funded and assist only a small number of needy

families. It has been estimated that 80 percent of handicapped children who are adopted, are adopted by their foster parents. Perhaps if more financial assistance was available, more children with handicapping conditions would be adopted. Proponents for this assistance argue that foster care is an expensive way to support children and that providing a less-costly subsidy to families to adopt hard-to-place children would produce a double benefit: reducing foster care and providing children with permanent homes.

Termination of Parental Rights

Children in foster care become free for adoption through voluntary relinquishment of rights by parents or through court action initiated by an agency on behalf of a child. Courts and agencies are reluctant to initiate termination proceedings; judges are uncomfortable deciding whether the rights of biological parents, however fit or unfit, should take precedence over the rights of children; agencies hesitate because they may be unable to show that they have made adequate efforts to resolve the problems and restore the family. In most states at present, termination statutes are loosely defined, with inadequate guidelines to provide safeguards and protection for parents and children. And, no Federal guidelines exist to help states in clarifying their statutes.

To receive Federal funds, each state is required to review each child's case every six months. However, few states comply with this requirement, and compliance is not enforced by the Federal government. Most child welfare agencies do not maintain accurate records, do not know how many children are in their care, or how often they move. Nationally, it is not even known how many children are in the system.

Some suggest that, when a child enters foster care, the agency would work out an agreement with the family to spell out specific goals in resolving family difficulties, to decide which community services could assist them, and to schedule meetings for reviewing the agency and family agreement. Statistics indicate that in reality, about a third of all children in foster care are "lost" in care with no short-term or long-term goals, no agreements between parents and the agencies, and no regular case reviews. State agencies bear the primary responsibility for foster care review, but because of their inability to carry out this responsibility, some state legislatures are creating independent review boards. In South Carolina, 16 circuit review boards, each with five members, are reviewing cases of children to determine the efforts made on their behalf. This review system also makes recommendations to the legislature regarding needed changes in the area of foster care.

The placement of children from disrupted homes with relatives often gives them a strong sense of belonging and of family continuity. However, many states will not pay relatives to provide foster care, and others actively encourage placing children with strangers rather than with relatives.

Economic pressures and reduced social service spending have decreased alternatives that could prevent foster care placement. Intensive services to families with multiple problems, homemaker services, and temporary shelter programs are all being cut back.

This is unfortunate because there appears to be significant evidence that preventive approaches are effective. In 1976, the Lower East Side Family Union in New York City was reported to have provided services to 400 families in danger of breakup. Of those families, foster placements were needed in only eleven cases. 9/

Day care, day treatment, counseling, legal services, family shelters, parent education, and crisis care are all examples of family support services that can help keep families together and prevent placement of children in foster care. Yet few communities have adequate services to enable families under stress to work through their crises.

Legislative Proposals for Change

Some major changes in foster care are now being considered by the Congress. Under House Resolution (H.R.) 3434 the following changes would be made in Title IV-B in an effort to improve services to children and their families:

- New IV-B funds over $56.5 million could not be used to pay for foster care "room and board".
- After a certain point, states would be required to: conduct an inventory of all children in foster care, develop a statewide foster care information system.
- Initiate a case review system with six and eighteen-month reviews for each child, and initiate a service program for each child to maximize the chances of returning home and shift the emphasis in children's services to prevention and reunification.

Adoption

There are many children without permanent homes. At the same time, there are many people who wish to have children but cannot conceive their own. Today, there is an increase in the number of single people who want to be parents, and other families who want more children.

For these families, adoption is a meaningful option. The growth process by which children enter a family as strangers and become united with that family as kin is challenging, indeed. This new relationship is summed up in the words of a poem titled The Answer To An Adopted Child.

"Not flesh of my flesh
nor bone of my bone
but still miraculously
my own;
Never forget
for a single minute
you didn't grow
under my heart
but in it."10/

Background on the Issues

In recognizing the enormous complexity of the adoption process, the Child Welfare League of America developed Standards for Adoption Service, which states that in order for the best interests of all parties to be protected, the following criteria must be met:

1. The biological mother who surrenders her baby should have an opportunity to consider alternatives and to be given help in selecting among them.

2. The biological mother's decision to surrender should not be linked to the provision of services.

3. The biological father's interests should be considered in the relinquishment of his child.

4. The child has a right to protection from unnecessary separation from his or her biological parents.

5. The child has a right to a secure, permanent home.

6. The child has a right to the best suitable home avaialble.

7. For the child to develop a sense of identity and emotional well-being, his/her adoptive parents have the right to accurate and appropriate information about the biological parents, including full knowledge of physical and developmental factors that might affect the child's growth.

8. The adoptive parents have the right to assurance that the biological parent(s) will not intervene in the child's life after placement has occurred.

9. The adoptive parents should have available help in understanding the special needs of an adopted child and the difficulties inherent in adoptive parenthood.11/

There are no specific data on how closely agencies follow these standards. However, they are believed to be aware of them. In general, social agencies try to focus on the child as the primary client and to minimize the psychological risks for all parties involved.

- As a result of the increased use of contraceptives, the tendency among pregnant single women to keep their babies, and laws legalizing abortion, there are fewer babies available for adoption.

- However, the number of black babies has not diminished as much. The high costs of private hospital abortions and the common requirement that abortions be prepaid often prevent low-income women from obtaining them. In some states, there was an oversupply of black babies. During the mid 1970's this supply was just reaching the demand in cities like Detroit and New York.

- According to a recent study, there was a 41 percent decline in adoptions between the period from 1970-1974.

The National Study of Social Services to Children and Their Families (1977) revealed the following:

- Approximately 6 percent of the children in various social agencies were legally free for adoption. An estimated 62 percent were white, 28 percent black, 3 percent hispanic and 7 percent from other racial and ethnic groups.

- The reasons these children were free for adoption included:

a. death of parents	4 percent
b. abandonment	5 percent
c. voluntary termination of parent-child relationships	52 percent
d. involuntary termination	34 percent
e. other	5 percent

- A large number of children surrendered voluntarily for adoption were physically handicapped (63 percent). Children surrendered involuntarily often had parents who were emotionally ill (74 percent), mentally ill (50 percent), parents accused of neglect (55 percent), or accused of abuse (50 percent).

- The ability to locate adoptive homes is related to ethnicity as well as age. Younger children were the easiest to place. Homes were found for 89 percent of the children under one year of age. Only 13 percent of the children ages 15-17 were able to find new homes.

- More homes were found for white children (54 percent) free for adoption than blacks (37 percent). Two out of three of those homes were not subsidized. Asian-Pacific children had the highest success rate for finding adoptive homes (83 percent) and American-Indian-Alaskan children had the lowest rate (27 percent).

Many children in foster care could be placed in permanent, caring homes. However, some serious problems often deter this:

- Bureaucratically, foster care and adoption activities are within separate agencies. Adoption workers often do not know the particular kinds of children in foster care.

- Adoption efforts are sometimes limited among children in foster care because of the failure to identify children for adoption, the failure to complete adoption proceedings; the failure to subsidize adoptions for children with special needs.

- There are many older children in foster care. Special skills are needed to identify and match older children with suitable adoptive parents. Many social workers in adoption agencies do not have this skill.

- For children in foster care who are not legally free for adoption, several difficult tasks must be performed.

  1. Decide whether it is in the child's best interest to continue in foster care until the parent is able to care for the child again, if ever.

  2. If it is decided that adoption would be best, steps must be taken to free the child legally, either through voluntary action on the part of the parent(s) or through a court order.

  3. Parents must be located and the problem discussed.

  4. The child must be prepared for the adoption. This task is relatively easy when the foster parents adopt. However, if the child must leave the foster parents and enter a new family, the task is quite difficult.

Current Programs and Policies

- Several states have made a conscious effort to free children in foster homes for adoptions. California has been quite successful in this area. In Los Angeles County, between 1970 and 1972, 500 children were freed for adoption. Almost 70 percent of these children were voluntarily freed by their parents rather than through court action. At the end of 1972, over 350 children had been placed in adoptive homes. An estimated 1/3 of all the children were adopted by foster parents. In many cases, the foster parents were not aware that they could adopt the child.

- The Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (Public Law 95-266) provides subsidies to the states to help them find needed homes for children with special needs. Under this act there are 10 adoption resource centers, one in each HEW region. Professionals at these centers provide training and technical assistance to state agency personnel in preparing families and special needs children for adoption.

This Act also includes funding for public service announcements to recruit adoptive families for special needs children and the implementation of a national adoption exchange. This would enable states and regions to disseminate information about a selected group of special needs children to a national audience.

Adoption brings permanence and commitment. There seems to be some impetus for supporting programs which will facilitate the adopton of all children needing permanent homes.

Adolescent Parents

There has been a significant increase in the number of teenagers who are childbearing. Historically, teenage childbearing has always existed in American society. However, in previous times, a smaller minority of teenage women married and bore children. In some rural areas, pregnancy before marriage was quite common and was unofficially condoned. Trends of the last twenty years indicate the following changes in teenage fertility:

- In spite of an overall decline in the birth rate, teenage childbearing has declined much less than the childbearing of older women.
- Increasingly, teenagers become pregnant before marriage and a larger precentage of them defer marriage even after the child is born.
- Today, younger teenagers are far more vulnerable to pregnancy and childbirth outside of marriage.

At the White House Conference on Families hearings held across the country, many parents and teenagers testify as to their concerns regarding this issue.

Some additional facts regarding teenager pregnancy are:

- In 1977, more than 1.3 million 10-19 year olds became pregnant. Approximately 570,000 adolescents gave birth.
- An estimated 10,000 babies were born to children under 15.
- Approximately 121,000 babies were born to adolescents aged 15-17.
- The birth rate has decreased among older adolescents (ages 17-19) but has increased 75 percent for ages 14-17.
- Maternal death risk is 60 percent higher for teenagers than for older mothers. Teenage mothers are more apt to suffer from hemorrhage, miscarriage and

toxemia. Toxemia is considered a special hazard because the very young lack a fully developed endocrine system, are more often under emotional stress, have poor diets, and usually receive inadequate prenatal care.

- Teenagers are also more likely to suffer from non-fatal anemia than older mothers (age 20-24).

- The infants of teenage mothers are more likely to die soon after birth than the babies of women in their 20's.

- The infants of teenage mothers are much more likely to be premature and of low birth weight, making the baby susceptible to multiple childhood illnesses and birth injuries.

- Studies conducted by the American Institute for Research in the Behavioral Seciences (1978) reveal that children of adolescent parents tend to score lower on academic aptitude tests, and have lower educational expectations than other children.

- Pregnancy is the most often cited reason given by female teenagers for dropping out of schools.

- It is estimated that approximately half of the pregnancies to adolescents result in live births. However, almost 380,000 are terminated by abortions.

- The vast majority of teenagers choose to keep their babies. Under three percent of all babies of unmarried teenagers (first births) are given up for adoption.

Programs and Policies

- Title IX of the Education Amendments of 1972 prohibit schools that receive federal funds from excluding any student because of pregnancy or parenthood.

- According to the National Center for Education Statistics, only a third of public schools offer family life or sex education programs.

- Under Title X of the Public Service Act, teenagers who are sexually active can receive family planning services.

- The Adolescent Health, Services, Pregnancy Prevention and Care Act (Title VI, VII and VIII of the Health Services and Center Amendments of 1978) provides services to pregnant adolescents, adolescent parents and their infants.

- The Supreme Court recently gave adolescents rights "to obtain contraceptive service, abortion, or pregnancy related medical care" without parental consent.

With substantial numbers of adolescent mothers under 18 (131,000) keeping their babies, it is important to discuss the relationships of the adolescent mothers to their families. Family members appear to be the primary source of support for the adolescent mother. Factors such as family size, socioeconomic status, cultural and religious characteristics influence both the families' initial reaction to the pregnancy and the support given during and after the pregnancy. Many families divided the child care responsibilities. Generally the mother, grandmother and mother's siblings took over these roles.

80 percent of teenage mothers live with their parents for at least a year; 45 percent in one study (Teenage Pregnancy and Family Impact) were continuing to live with family or close relatives five years after delivery. Families were most likely to help the adolescent if she was unmarried and those teen mothers who remained in the parental home had greater chance of continuing education and avoiding poverty or public assistance.

SUMMARY OF STATE RECOMMENDATIONS: PARENTS AND CHILDREN

Foster Care and Adoption

- Ten states made recommendations addressing foster care and adoption services.

Adolescent Parents

- Thirteen states made recommendations addressing teenage pregnancy.
- Six states called for an education office.

Parent-Child Rights

- Nine states suggested that government policies respect the rights and responsibilities of parents.
- Six states addressed the rights of children.

Parent Responsibilities

- Six states made recommendations regarding parental involvement in children's services.
- Five states recommended that parents be responsible for teaching their children moral values.

Family Relationships

- Ten states urged that families respect each other.
- Five states recommended that parents spend more time with their children.

Foster Care and Adoption

Kentucky proposed:

The government is urged to develop policies and programs consistent with the following premises:

(a) Children have a right to a stable, permanent, and loving home.

(b) Children placed in foster care and their biological parents should be receive immediate, intensive, and on-going services to restore the family unit.

(c) Children who cannot return to their families-of-origin should be legally freed for adoption in an expeditious manner.

(d) All special-needs children awaiting adoption are adoptable and should have a permanent home.

Similar recommendations were made by: Arkansas, California, the District of Columbia, Iowa, Montana, and West Virginia.

California proposed:

Implementation of an adoption assistance program designed to provide the additional assistance needed by many families to open their homes to adopt a foster child, particularly those children with emotional and/or physical handicaps.

Similar recommendations were made by: Arkansas, Kentucky and New York.

Oklahoma proposed:

A citizen's foster care review board system should be established.

Montana proposed:

It should be the policy of government to require mandatory review of all foster care placements every six months to determine if foster care is the most appropriate status.

Similar recommendations were made by: California, the District of Columbia and Nebraska.

Adolescent Parents

Thirteen states made recommendations addressing teenage pregnancy.

Six states recommended that education and support services be provided to pregnant adolescents when needed.

Rhode Island proposed:

> "Adolescent pregnancy: education needed for prevention and support."

Oklahoma proposed:

> "If the citizens believe they have need for services related to sexual activity, teenage pregnancy, venereal disease and suicide consideration should be given to encouraging these citizens to access the services and resources available."

Similar recommendations were made by: Texas, Arkansas, Maryland, and Kentucky.

Six states stressed the need for a preventive approach to the problem of adolescent pregnancy and suggested making preventive education programs available to teens and their parents.

Texas recommended:

> "More programs of preventive education should be published in communities and encouraged in the home. Preventive education and assistance should be available through local communities, churches, and in the home."

Similar recommendations were made by: Hawaii, Maryland, Rhodes Island, Tennessee and Kentucky.

Three states recommended study of the causes of adolescent pregnancy and the needs of pregnant teenagers. (Hawaii, South Carolina, and District of Columbia).

Other recommendations addressed parental and citizen responsibilities in pregnancy prevention and strategies to focus public attention on the prevention of adolescent pregnancy.

Mental Health Issues

Fifteen states addressed mental health issues.

Ten states addressed principles concerning mental health services. North Dakota, California, Nebraska, Illinois and Delaware addressed concerns about availability and access to services.

Parent-Child Rights

California proposed:

It should be the policy of all government laws and regulations to respect parents rights and responsibilities.

Similar recommendations were made by: Arkansas, Hawaii, Maryland, Oklahoma, Washington, and West Virginia.

Iowa proposed:

Laws should balance the rights of the child with rights of the parents.

Similar recommendations were made by: New York, Washington, West Virginia, and Wyoming.

Nebraska proposed:

At the same time we do not deny protection of individual family members, eg. child abuse.

A similar recommendation was made by: West Virginia.

Parent Responsibilities

Arkansas proposed:

Federal programs and policies recognize the parental right to notification for any government programs involving a minor child.

Similar recommendations were made by: Illinois, Oklahoma, and Washington.

Maryland proposed:

Parents should assume the primary responsibility for teaching their children basic moral values and responsible conduct.

Similar recommendations were made by: Arkansas, the District of Columbia, North Dakota, South Carolina and Washington.

Family Relationships

Maryland proposed:

Family members should learn to recognize and understand the feelings and concerns of one another.

Similar recommendations were made by: Colorado, Rhode Island, South Carolina, Wisconsin, and Wyoming.

Colorado proposed:

Make educational programs available for parents and children in communication skills, at local, state and Federal government levels.

Wyoming proposed:

Community efforts, in the form of government, civic, and religious education and intervention programs should be developed which would assist families needing help in communication and conflict resolution.

Similar recommendations were made by: the District of Columbia, Maryland, Rhode Island, South Carolina, Washington, and South Carolina.

Oklahoma proposed:

Parents should spend more time with their children, emphasizing family activities.

Similar recommendations were made by: Delaware, North Dakota, South Carolina, and Wisconsin.

RECOMMENDATIONS	NUMBER OF STATES MAKING SIMILAR RECOMMENDATIONS	STATES
ter Care and Adoption		
o Foster care and adoption	10	AR, CA, DC, IA, KY, MT, NB, NY, OK, WV
o Adolescent Parents	13	AR, DC, HI, ID, IA, KY, MD, OK, RI, SC, TN, TX, WY,
Parent-Child Rights		
o Rights and responsibilities	9	AR, CA, HI, MD, NB, ND, OK, WA, WV
o Rights of Children	6	IA, NB, NY, WA, WV, WY
Parent Responsibilities		
o Parent involvement in services	6	AR, IL, ND, OK, SC, WA
o Parents and moral values	5	AR, MD, ND, SD, WA
Family Relationships		
o Family understanding and communication	10	CO, DC, IL, MD, RI, SC, SC, WA, WI, WY
o Families spend time together	5	DE, ND, OK, SC, WI

FAMILY CHALLENGES AND RESPONSIBILITIES

Issue Brief: Parents and Children

FOOTNOTES

1. U.S. Department of Commerce, Bureau of the Census. American Families and Living Arrangements. Chartbook prepared for the White House Conference on Families.

2. Paul C. Glick and Arthur Norton. "Marrying, Divorcing, and Living Together in the U.S. Today," Population Bulletin. Vol. 32, No.5. October, 1977.

3. American Families and Living Arrangements, 1980, p.9.

4. Mary Jo. Bane. Here to Stay: American Families in the Twentieth Century. Basic Books, Inc. New York, 1979.

5. American Families and Living Arrangements, 1980, p.6.

6. Ruth Clark and Greg Martire. "Americans Still in a Family Way," Public Opinion. October-November, 1979, p.19.

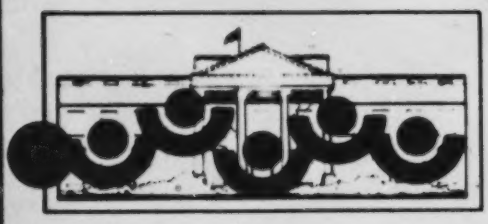
7. Ibid.

8. Mary Lee Allen and Jane Knitzer. Children Without Homes. Washington, D.C.: Children's Defense Fund. 1978, pages 123-124.

9. Ibid, p. 17.

10. Joyce Ladner. Mixed Families New York: Anchor Press/Doubleday, 1977, p.25.

11. William Meezan, and Sanford Katz and Eva M. Russo. Adoptions Without Agencies: A Study of Independent Adoption. New York: Child Welfare League of America, Inc., 1978, pages 1,2.



White House Conference on FAMILIES

FAMILIES: CHALLENGES AND RESPONSIBILITIES

Issue Brief: Family Violence

I. INTRODUCTION

While family violence is just emerging as a social issue and is not yet uniformly defined, violent behavior is deeply engrained in the fabric of our society. The United States consistently maintains an unenviable lead over most other industrialized countries in the commission of serious violent acts, such as homicide. Research for the Commission on the Cause and Prevention of Violence revealed that 55 percent of Americans had been slapped and kicked as children and 31 percent had been beaten.

Testimony at the White House Conference on Families national hearings, and newspaper articles portray the pervasiveness of family violence and the agony of its victims. A single shot from a .357 magnum revolver fired by a 14-year-old boy instantly kills his father, who for years has inflicted cruel beatings on a wife and children too afraid to leave him. A badly bruised 75-year-old grandmother is finally persuaded to go to the emergency room after periodic assaults by her grandson who visits her every two weeks to seize her social security check. Police find an emaciated young woman tied up in the back seat of a car, the victim of 33 years of a tyrannical mother who falsely claimed her daughter was retarded and diabetic.

The stories underscore a new awareness of the dimensions of family violence which, until ten years ago, was considered to be limited to child abuse. Americans have since discovered that no age group or type of family tie is immune to a spectrum of family violence encompassing child abuse, spouse abuse, sexual abuse and two emerging forms - parent battering and abuse of the elderly.

Against the background of diverse and documented forms of family violence, witnesses at the White House Conference on Families national hearings asked a range of questions, including:

- o What factors contribute to the problems of parental abuse of children, and abuse of spouses--especially women--or other violence in the homes?
- o How can comprehensive data be gathered to answer national questions regarding stress, coping skills, contributing factors, and the extent of the problem of violence in the family?
- o Once factors are identified, how do we deal with them?
- o What kind of supports do families need when experiencing the stress of family violence?
- o What kinds of prevention can assist families before stress explodes into violence?
- o What role, if any, should government play in developing supportive family and child services to treat and prevent abuse and neglect?
- o How can local communities through churches, schools, and voluntary organizations organize networks of resources for families experiencing family stress and violence?

These questions address both current programs and possible future directions, as outlined on the following pages.

II. BACKGROUND ON MAJOR ISSUES

Compelling statistics support innumerable police reports and grisly newspaper articles:

Child Abuse

Estimates of child abuse range to more than 1 million cases annually. Reported cases are on the increase - from 400,000 in 1976 to 600,000 in 1978.

In 1975 more than 2,000 children in all age categories were killed by their parents. One expert states that more children under the age of 5 die from injuries inflicted by parents or guardians than from "tuberculosis, whooping cough, polio, measles, diabetes, rheumatic fever, and appendicitis, combined."

The younger the child, the greater the risk of abuse - 51 percent of all substantiated reports are for children aged 7 or under. Children under the age of 3 are most vulnerable.

Physical abuse occurred in 22.6 percent of reported cases; sexual abuse, 6.2 percent; emotional abuse 22.4 percent; neglect 86.4 percent; other forms of maltreatment 11 percent. (These total to more than 100 percent because many children are subject to more than one form of abuse.)

Spouse Abuse

Spouse abuse cuts across all cultural, ethnic, religious, and economic backgrounds. Wives are the victims, an overwhelming 98 percent of the time; approximately 1.6 million women are beaten by their husbands every year. In one out of six couples, women experienced some physical abuse by their husbands.

The Federal Bureau of Investigation reported 20,000 murders nationwide in 1975; of these two-thirds were committed by relatives or friends, with 50 percent of these victims killed by spouses.

In a pattern of violence, victims are generally beaten repeatedly and deliberately, and often suffer injuries requiring medical attention.

Parent Abuse by Children

While relatively little information on abuse of parents by children under 18 is available, initial research points to some alarming trends:

- Researchers believe that children in one out of ten American families hit, beat, stab, or shoot their parents.
- One set of statistics revealed that 6 percent of all murders involved children who killed their parents.

Abuse of the Elderly

As with parent abuse, abuse of the elderly by family members has not been extensively researched. However, many feel that most abuse of the elderly takes the form of exploitation, neglect, and psychological abuse. Physical abuse does exist but current evidence is primarily anecdotal; its actual extent awaits the results of further research.

The country has moved slowly to counter the effects of violence on families. For example, although attempts to stop child abuse in the United States began in 1875, it was not until 99 years later

Current research on family violence finds the highest rates for all types of domestic violence among:

- Families living in large urban areas;
- Individuals with no religious affiliation;
- People with only some high school education;
- Families with low incomes;
- Blue-collar workers;
- People under 20;
- Minority racial groups;
- Families with the husband unemployed or employed part-time;
- Families with 4-6 children at home;
- Families where decision-making is not shared by husband and wife; and
- Families experiencing significant stress.

III. CURRENT PROGRAMS AND POLICIES

Each state and territory has laws requiring most professionals, and encouraging all citizens to report suspicious circumstances of children being maltreated or ignored by their parents. These laws require a state agency, usually Child Protective Services, or a local law-enforcement agency to investigate the report, determine the severity of the circumstances, and provide a range of remedial services to families where needed.

Emergency shelter for family violence victims is a pressing need. Most local shelter programs rely on local religious, voluntary and other private services to survive. With only 250 shelters nationwide, thousands of families are left without protection. While Title XX (of the Social Security Act) is the most frequently used federal source for shelter programs, government support is piecemeal.

The 1974 Child Abuse Prevention and Treatment Act established a National Center on Child Abuse and Neglect within the U.S. Department of Health, Education and Welfare (DHEW) to serve as a national leader and advocate for the protection of children. A major objective is coordination with the state in obtaining funds available under the Act.

Emergency shelter for family violence victims is a pressing need. Most local shelter programs rely on local religious, voluntary and other private services to survive. With only 250 shelters nationwide, thousands of families are left without protection. While Title XX (of the Social Security Act) is the most frequently used federal source for shelter programs, government support is piecemeal.

The 1974 Child Abuse Prevention and Treatment Act established a National Center on Child Abuse and Neglect within the U.S. Department of Health, Education and Welfare (DHEW) to serve as a national leader and advocate for the protection of children. A major objective is coordination with the state in obtaining funds available under the Act.

With 520 local chapters, Parents Anonymous is a national self-help organization supporting families under stress. Encouragement and financial support from neighborhood, church and school networks are important for its future, as is aid from federal, state and local government sources.

Legislation pending in the Congress would establish a three year federal assistance grant to states for victims of domestic violence, budgeted between $10-20 million annually. The Federal Domestic Violence Prevention and Services Act would assist shelters and provide protective services to violence victims. Established in 1979, the DHEW Office on Domestic Violence coordinates programs and activities related to spouse abuse. The office supports public information, technical assistance, and, training and research activities.

Title XX of the Social Security Act provides grants to the states to institute services for victims of family violence. Some services are for abused women and include counseling and information referral. Generally, each state decides the priorities and services which will be funded under Title XX.

The Department of Justice Law Enforcement Assistance Administration (LEAA) supports domestic-violence programs, including training, technical assistance, and educational materials. Other projects partially provide for direct services to families, including shelters, transportation, legal assistance, and counseling.

The Community Block Grant Program through the Department of Housing and Urban Development funds projects which may include renovation of buildings for use as emergency shelters. This program provides only for building renovation, and not for operating or staffing programs.

ACTION supports domestic-violence projects through VISTA, Foster Grandparents Program, and RSVP (Retired Senior Volunteers Programs). ACTION-funded volunteers provide staff at emergency shelters.

The Department of Labor supports domestic-violence programs through the Comprehensive Employment and Training Act of 1973 (CETA) by providing staff for shelters, and job counseling and placement for victims.

SUMMARY OF STATE RECOMMENDATIONS: FAMILY VIOLENCE

Twenty-nine states made recommendations which addressed family violence.

Availability of Services

- Seventeen states addressed the availability of family violence programs and community services.
- Nine states made recommendations concerning protection of victims of family violence.
- Seven states discussed counseling services for family violence situations.
- Five states addressed the issue of coordination of family violence services.

Prevention

- Sixteen states recommended preventive programs, especially through education.

Role of Government

- Thirteen states made recommendations supporting government involvement in family violence situations.
- Six states addressed the need for passage of protective legislation to combat family violence.
- Three states expressed a preference for local and state government involvement in family violence.

Promoting Public Awareness

- Twelve states made recommendations supporting citizen involvement.
- Eleven states addressed the issue of training for personnel who deal with family violence.

- Nine states made recommendations concerning the need for continued research.
- Five states made recommendations concerning reporting by police and other professionals of incidences of family violence.
- Three states addressed the issue of family violence self-help groups.

Funding

- Five states proposed direct funding of shelters for abused families.
- Four states made recommendations of federal funding for family violence programs.
- Two states recommended financing family violence programs through higher court levies.

Availability of Services

Oklahoma proposed:

> Local communities should develop resources for the protection of victims of potential or actual abuse and for resumption of family life including shelters, preventative services, counselling, etc.

Similar recommendations were made by: Arkansas, California, Colorado, Georgia, Hawaii, Kentucky, Maryland, Nebraska, New Hampshire, New York, North Dakota, South Carolina, Tennessee, Vermont, West Virginia and Wyoming.

Iowa proposed:

> Programs and laws to aid and protect both the domestic abuse victim and the child abuse victim must be developed.

Similar proposals come from Missouri, Montana, Nebraska, New Hampshire, North Dakota, Oklahoma, Rhode Island and Washington.

Arkansas proposed:

> State, church and volunteer organizations shall take a more active part in counseling and providing remedial services for abused children and family participants to direct children and participants to available services.

Similar recommendations were made by California, Kentucky, Nebraska, South Carolina, Texas and Washington.

Washington proposed:

> Make services more accessible by developing a single point of contact for all services, keeping services community-based whenever possible, and improving communication between agencies.

Similar proposals come from Arkansas, Hawaii, Nebraska and New York.

Prevention

Washington proposed:

> There should be education programs for parents and all family members to help them cope with personality disturbance, extreme anger, irrationality and depression.

Delaware proposed:

> It should be the policy of federal, state and local governments to prevent and deal with child, spousal, and elderly abuse.

Similar recommendations were made by Alaska, Arkansas, California, Colorado, District of Columbia, Hawaii, Kentucky, Montana, Nebraska, New Hampshire, New York, Oklahoma, South Carolina and Wyoming.

Role of Government

Hawaii proposed:

> It should be the policy of the federal and state governments to develop broad supportive family and child services to help prevent abuse and neglect before it occurs.

Similar recommendations were made by Arkansas, California, Colorado, Illinois, Iowa, Kentucky, Mississippi, Nebraska, North Dakota, Virginia, West Virginia and Wyoming.

Washington proposed:

> New laws should be enacted and existing laws strongly enforced to protect victims of violent physical and sexual abuse.

Similar proposals come from Colorado, Hawaii, Montana, New Hampshire and Virginia.

Arkansas proposed:

> Upon failure of local and state government to act, policies should be handled by the federal government.

Similar recommendations were made by Nebraska and Mississippi.

Public Awareness

Minnesota proposed:

> All community members (peers, adults, schools, churches and other organizations) should work to understand, inform, prevent, detect, and report family violence, sexual assault, and neglect.

Similar recommendations were made by Arkansas, California, Colorado, Delaware, Hawaii, Maryland, Nebraska, New Hampshire, New York, Oklahoma and South Carolina.

Georgia proposed:

> Provide necessary education for recognizing and understanding abused persons and training for the community, social workers, medical workers, students and school personnel, elected and appointed officials, judicial, volunteers and others who are in contact with abused family members. We suggest mandatory training for law enforcement personnel.

Similar proposals come from Arkansas, California and Colorado, Delaware, Hawaii, Kentucky, Nebraska, New York and North Dakota.

Maryland proposed:

> Government should review existing programs and implement new inquiries as needed to determine cause and effect of family violence and the extent to which new legislation is necessary.

Similar recommendations were made by Arkansas, Colorado, Hawaii, Iowa, Nebraska, New York, Oklahoma and Wyoming.

New York proposed:

> Mandate the reporting of all forms of family abuse, thereby extending the existing child abuse reporting requirements.

Similar recommendations were made by Hawaii, Maryland, South Carolina and Washington.

South Carolina proposed:

> Provide support groups for abusive parents and for abused children.

Similar proposals were made by California and Hawaii.

Funding

West Virginia proposed:

> Legislation should deal with direct funding of shelters for abused family members.

Similar recommendations were made by Arkansas, North Dakota, Texas and Washington.

Washington proposed:

> The President and Congress should provide continual funding and support for the prevention and treatment of abused children and their parents under the Child Abuse and Treatment Act of 1974.

Hawaii, Texas and West Virginia made similar recommendations.

Nebraska proposed:

> State legislatures to authorize an increased marriage license fee (funds would be administered by the county to domestic abuse programs, both treatment and prevention.

Hawaii made a similar recommendation.

New York proposed:

> Foundations with humaritarian missions and purposes should be approached to serve and support advocacy and ombudsmanship for service delivery to members of all types of families experiencing stress, violence and crisis.

More general funding recommendations were also made by Colorado, Iowa, Maryland and Oklahoma.

RECOMMENDATIONS	NUMBER OF STATES MAKING SIMILAR RECOMMENDATIONS	STATES
o Availability of Services for Family Victims	17	AR, CA, CO, GA, HI, KY, MD, NB, NH, NY, ND, OK, SC, TN, VT, WV, WY
o Protection of Victims of Family Violence	9	ID, MO, MT, NB, NH, ND, OK, RI, WA
o Counselling Services	7	AR, CA, KY, NB, SC, TX, WA
o Coordination of Services	5	AR, HI, NB, NY, WA
o Preventive Programs	16	AK, AR, CA, CO, DE, DC, HI, KY, MT, NB, NH, NY, OK, SC, WA, WY
o Government's Role in Family Violence	13	AR, CA, CO, HI, IL, ID, KY, MS, NB, ND, VA, WV, WY
o Protective Legislation	6	CO, HI, MT, NH, WA, WV
o Preference for Local and State Government Involvement	3	AR, NB, MS
o Citizen Involvement	12	AR, CA, CO, DE, HI, MD, MN, NB, NH, NY, OK, SC
o Training for Personnel	11	AR, CA, CO, DE, GA, HI, IL, KY, NB, NY, ND
o Need for Continued Research	9	AR, CO, HI, ID, MD, NB, NY, OK, WY
o Reporting of Family Violence	5	HI, MD, NY, SC, WA
o Self Help Groups	3	CA, HI, SC
o Direct Government Funding of Shelters	5	AR, ND, TX, WA, WV
o Federal Funding of Family Violence Programs	4	HI, TX, WA, WV
o Financing Through Court Levies	2	HI, NB
o Foundation Funding of Domestic Violence Programs	1	NY

FAMILIES: CHALLENGES AND RESPONSIBILITIES

Issue Brief: Family Violence

REFERENCES

Gelles, Richard J. "How Families with Violent Members can be Helped". Family Development Study, Boston: Children's Hospital Medical Center.

Giovannoni, Jeanne M. and Becerra, Rosina M. Defining Child Abuse. New York: The Free Press, 1979.

Kempe, Henry C. and Helfer, Ray E., eds., Helping the Battered Child and His Family. Philadelphia: J.B. Lippincott, 1972.

Star, Barbara, "Family Violence" paper prepared for the National Research Forum on Family Issues, White House Conference on Families, April, 1980.

The Victim Advocate. Chicago: National District Attorneys Association, 1978.

U.S. Department of Health, Education, and Welfare, Children Today. May-June, 1975, reprinted 1978, vol. 4, no. 3.

U.S. Department of Health, Education and Welfare, Child Sexual Abuse; Incest Assault and Sexual Exploitation. Special Report from the National Center on Child Abuse and Neglect, 1978, publication no. 79-30166.

U.S. Department of Health, Education, and Welfare, Resource Materials; A Curriculum on Child Abuse and Neglect, publication no. 79-30221.

U.S. Department of Health, Education, and Welfare, The Problem and It's Management, vol. I An Overview of the Problem, publication no. 75-30073.

White House Conference on FAMILIES

FAMILIES: CHALLENGES AND RESPONSIBILITIES

Issue Brief: Substance Abuse

I. INTRODUCTION

In the past, abuse of both licit drugs and substances such as alcoholic beverages and tranquilizers, and illicit drugs, such as heroin and cocaine, has been looked at primarily as a problem of individuals rather than of families, and this viewpoint still predominates. There are several reasons for this: 1/

Abusers are most visible in individual settings --the alcoholic on the street or the heroin addict in the criminal justice or health systems.

Drug abuse is seen as an individual illness or form of deviant behavior.

In most research, there is an assumption that drugs are the overriding focus of attention in an abuser's life -- an all-consuming activity that leaves little time or energy for everyday activities such as work, family life, and parenting.

Drug abuse is seen as a medical problem involving chemical or psychological dependence. Treatment is usually offered in "clinics" to "patients" using a medical model focused on the "sick".

Lately, however, a small but growing body of research has recognized that families both may play a part in causing substance abuse and can be an important factor in its solution. This issue brief attempts to examine the relationship of families to substance abuse and to help answer the following questions:

- What is the current extent of substance abuse?
- What are the costs of substance abuse?
- What effects do drugs and alcohol have on families?
- What are the most important factors affecting substance abuse?

- What efforts are currently being undertaken in the public and private sectors to prevent substance abuse?

II. BACKGROUND ON MAJOR ISSUES

Extent of Drug Abuse

Many of the tens of thousands of existing drugs are subject to abuse, and this section highlights only those licit and illicit drugs most frequently used. Not dealt with but also serious problems are the abuse of tranquilizers, sleeping pills, and diet pills which are especially harmful when combined with other substances such as alcohol.

Alcohol:

- Alcohol is the most commonly used and abused substance in the United States, and more people use it than all other drugs combined. 2/ Overuse causes loss of both mental and physical functions.

- Currently the average annual consumption of alcohol for persons older than 14 is 30 percent higher than in 1965--about 2.6 gallons of pure alcohol, equivalent to a total of 28 gallons of beer plus 2½ gallons of liquor and 2¾ gallons of wine. 3/

- An estimated ten million adult Americans-- 7 percent of those 18 or older -- are alcoholics or problem drinkers. 4/

- Between 20 and 25 percent of the 14 to 17 age group--more than 3 million individuals -- are problem drinkers, intoxicated at least once a month. 5/

Cocaine:

Cocaine, a drug derived from the coca bushes of South America, is increasingly being used by the general population but because of its high cost is still used primarily by persons of higher income. It significantly increases heart rate and blood pressure, and large, frequent doses can cause loss of mental powers and destruction of nasal passages.

- At least 10 million people have tried cocaine, and there are 1,000,000 to 2,000,000 current users. 6/

- Nearly 20 percent of 18-25 year olds, the peak age group for illicit drug use, report having used cocaine, and nearly 20 percent of that group (3.7 percent of the total) used it recently. 7/

- The current use of cocaine by high school seniors has tripled since 1975. 8/

Heroin:

Heroin, which is made from the opium poppy, is a highly addictive drug that produces a euphoric feeling but because of impurities or overdoses can cause death. Federal and international efforts have expended much of their efforts to control this substance.

- In 1978, there were an estimated 450,000 heroin addicts, compared with 550,000 in 1975. The data suggests that the problem is decreasing due to major law enforcement efforts. 9/

- Among high school seniors, those ever using, currently using, or having used heroin in the last year declined by half, compared with their 1975 counterparts.

Marijuana:

Marijuana is derived from the cannibus plant which grows easily in many places. The drug causes intoxication, affects the lungs, and may cause brain damage and reproductive and genetic problems, according to some researchers. 10/

- According to the latest survey data, 43 million Americans have tried marijuana and 16 million are current users. 11/

- Among males 20 to 24 who have ever used marijuana, 17 percent are daily users. 12/

- Among 1979 high school seniors, 60 percent have used marijuana at least once, more than half have used it in the last year, and more than one-third are current users. 13/

Cost of American Drug Usage

Aside from the purchase price of drugs, which sustains both legal and illegal businesses, abuse has some very high social costs:

- Alcohol abuse cost the United States nearly $43 billion in 1975, including health and medical costs, lost production, motor vehicle accidents, violent crimes, and fire losses. 14/

- The social cost of other drug abuse is estimated at more than $10 billion. 15/

- Alcohol abuse is associated with an annual total of 25,000 traffic deaths, 500,000 injuries, 15,000 homicides and suicides, and almost half of the nation's annual arrests. 16/

The Effects of Substance Abuse on Families

Drug abuse affects families in a variety of ways. While families are sources of support and understanding they are sometimes arenas for physical aggression and violence. Even though research in this area has been sparse until recently, the literature reveals that: 17/

- Substance abuse impairs family functions such as breadwinning and homemaking.
- Substance abuse can lead to both child and spouse abuse.
- Substance abuse can lead to other violent crimes such as murder or to nonviolent crimes such as burglary in which either the abuser's family is the victim or in which a family or family member is a victim by chance.

The Effects of Families on Substance Abuse

Families affect substance abuse in two important and opposite ways. Research reveals that families in some cases can contribute to abuse, but in others they are a means of solving the abuse problem itself.

Substance abuse is often a signal of an underlying family problem. It may represent a way of resolving conflicts within families or a way of escaping periods of stress when a child reaches adolescence, when a family member leaves home, when others in a family are faced with a death, retirement, or the loss of a job. 18/

Families that are not functioning well may contribute to abuse. Families with certain parental characteristics show up in a high proportion of abusers' case histories. For example, families with over-protective or overbearing mothers and weak fathers have produced significantly more abusers than would be expected by chance. Parental behavior may encourage abuse because it promotes parental communication or distracts parents from their own problems.

In other cases, drug abuse by one family member is often overlooked by relatives and in some cases may be encouraged. Families sometimes work to negate outside treatment efforts. Common examples are the spouse of a recovering alcoholic buying a bottle of liquor as a birthday present, or the parent of an addict who gives a son or daughter money to purchase drugs.

On the other side of the balance sheet, however, is the increasing evidence of research that families as support systems can be the key to solving problems of drug abuse. Family-oriented strategies to combat substance abuse recognize that the abuser does not exist in a vacuum but is part of several institutions including the family.

Family-centered treatment recognizes the role that each family member can play in drug abuse and seeks to change behavior of various family members including the abuser. 19/ Some programs reach out to nonabusers, because family members frequently seek help before the abuser does.

Family treatment of substance abuse has been proven to be at least as effective, and frequently more so, than other forms of treatment. With the help of competent personnel, this form of action brings about rapid and sometimes dramatic changes. Findings of a recent survey of research on family treatment for drug problems 20/ strongly indicates that the family-centered approach is both beneficial and effective.

In addition, family treatment has implications for prevention of substance abuse in that it involves family members who may not otherwise have entered treatment themselves but who learn and profit from a relative's experiences. For instance, if parents are helped to improve the ways in which they handle a son or daughter with a problem, they often become more competent and confident parents. Furthermore, if the family situation is changed so that a young abuser is set free of the need for drugs or alcohol he or she is on the road to becoming a more competent parent and spouse.

Research has also shown that drug education is far more effective in a family setting. Education for prevention works best when aimed directly at parents and families instead of relying, for example, on school systems alone. This type of education has been shown to work best where it teaches: 21/

- o How and when to allow an adolescent autonomy, and when to be firm;
- o How to strengthen the relationships between generations;
- o The ways in which families themselves can deal positively with problems related to drug abuse and alcoholism; and
- o That solutions to the problems of substance abuse are available.

III. CURRENT POLICIES AND PROGRAMS 22/

In fiscal year 1979 Federal expenditures for drug abuse treatment, rehabilitation, and prevention programs were $403 million, and drug abuse prevention activities are occurring at all levels of government.

At the Federal level, the Department of Health, Education, and Welfare (HEW) has lead responsibility for drug abuse prevention programs in the civilian population; however, other cabinet departments also play key roles:

- o Department of Justice (inmates, probationers and parolees, all influence activities through the Drug Enforcement Administration);

- o Veterans Administration/Department of Defense (past and present military personnel, their dependents and civilian employees);
- o Department of Labor (employment and vocational rehabilitation for substance abusers);
- o Department of State (international drug abuse prevention); and
- o Department of Transportation (reduction of highway accidents associated with intoxication).

In addition, within the White House, the Domestic Policy Staff establishes the fundamental drug abuse prevention policies that guide all Federal efforts.

Within HEW 14 distinct agencies perform drug abuse prevention functions, with the National Institute of Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) carrying the major responsibility. Overall the Federal drug abuse strategy includes treatment, rehabilitation, training, prevention, education, research, and enforcement.

On the state and local levels the Drug Abuse Office and Treatment Act of 1972 (Public Law 92-255) established the framework for a Federal, state, and local partnership to carry out the objectives of the Federal drug abuse policy. The Act provides for a single state agency (SSA) in each state to be responsible for the drug abuse plan for that state. Funds are authorized to the states for planning, development, administration, implementation, and evaluation for their plans, once approved. All three actors--officials at the Federal, state, and local levels--bear clearly defined responsibilities for carrying out the Federal strategy.

States are full, collaborating partners with the Federal government. They receive Federal formula grant funds, based on their relative population, financial status, and need for more effective drug abuse prevention and treatment serivces. The states provide matching funds for the Federal share, channel money to community-based treatment programs, coordinate and monitor the statewide effort, and ensure that treatment services are consistent with state drug abuse and health plans and with the Federal funding criteria.

Local agencies are the core of the current drug treatment network. Local treatment programs have considerable flexibility in tailoring services to meet local requirements and do so by adopting or combining the major kinds of treatments and environments in use today.

The Federal role is centered around providing "maintenance" funding equal to about 60 percent of the resources required to support the treatment network. HEW manages the delivery of treatment services through the Statewide Services Contract and Grant programs, and periodically, reviews State and local programs to ensure that they are spending Federal funds in accordance with regulations, funding criteria, utilization and confidentiality requirements, and management standards. HEW's role also includes providing leadership in the development of treatment and prevention strategies, disseminating the results of research to the field, and providing clinical and management technical assistance to both states and localities.

Private Efforts

Alcoholism

The private sector has been involved in efforts to reduce alcoholism through a number of community and self-help groups. Most notable is Alcoholics Anonymous and its affiliates. Begun by two alcoholics in 1935, A.A. stresses a belief in spiritual values as the way toward recovery. Members share their experiences, strengths, and hope with anyone who seeks help. Supported through the voluntary contributions of its members, A.A. has 30,000 autonomous local groups in 92 countries with an estimated membership of over one million. A.A. has given rise to some allied but independent organizations, such as Al-Anon for spouses and other close relatives and friends of alcoholics, and Alateen, for their adolescent children. The aim of these programs is to help their members understand alcoholism, understand themselves better, and learn how to help and live with an alcoholic family member.

Other Drug Abuse

In testimony before the WHCF national hearings, numerous parents spoke of the grass-roots movement to prevent adolescent drug abuse. More than 125 of these parent groups have formed in places as diverse as Naples, Florida; Whitefish Bay, Wisconsin; and Atlanta, Georgia. Parents are coming together out of concern for their children's use of marijuana and other drugs. They have visibly demonstrated what a self-help group can do to take a stand against drug use. 23/

Conclusion

One other problem merits discussion as an emerging trend. There is a growing social attitude that casually accepts and even glamorizes drug abuse. 24/ This can be seen in the trend to glamorize the use of marijuana and cocaine and in the fact that many drugs have become a fashionable

pastime. Further evidence is seen in the nation's 15,000 to 30,000 "head shops" selling drug paraphernalia, and publications such as High Times. These trends have the potential of giving adolescents and others conflicting signals about the propriety and risks of drug abuse.

SUMMARY OF STATE RECOMMENDATIONS: SUBSTANCE ABUSE

Twenty-four states address drug and alcohol (substance) abuse in their recommendations.

Prevention

- o Eleven states recommended that communities and schools provide drug abuse education programs.
- o Eight states recommended strategies to increase public awareness about substance abuse.

Treatment

- o Eleven states addressed treatment of drug abuse problems.
- o Six states made recommendations regarding counseling services and the involvement of families of substance abusers.

Role of Government

- o Nine states addressed the role of government in their recommendations about substance abuse.

Role of Citizens

- o Seven states made recommendations about the role of citizens and substance abuse.

Role of Media

- o Six states suggested Media Strategies to prevent substance abuse.
- o There were numerous individual recommendations in the area of substance abuse problems and prevention.

Prevention

District of Columbia proposed:

"Public schools and private agencies should provide educational, preventive study programs concerning the dangers of alcohol and drug abuse."

Similar recommendations were made by: Alaska, Arkansas, California, Delaware, Iowa, Maryland, North Carolina, North Dakota, Wyoming and Montana.

Vermont proposed:

"Americans should promote programs in the school, home and community to educate children about drugs and their harmful effects."

Similar recommendations were made by: Arkansas, Alaska, District of Columbia, Hawaii, Minnesota, New Hampshire, and North Dakota.

Treatment

California proposed:

"It should be the policy of government and private agencies to offer community based treatment programs in an atmosphere and environment that is accessible to families and in the language and culture of those families receiving services."

Vermont proposed:

"Encourage churches, police departments and other community groups to sponsor programs and support treatment methods."

Similar recommendations were made by: Alaska, District of Columbia, Montana, Minnesota, New Hampshire, North Dakota, West Virginia.

North Carolina proposed:

"Emphasize the family-centered approach as primary means of rehabilitating drug abusers."

California proposed:

"It should be the policy of government to recognize the need for all family members to participate in treatment and counseling programs when one member of the family has an alcohol or drug problem."

Similar recommendations were made by: District of Columbia, Minnesota, North Dakota, and Vermont.

Role of Government

Texas proposed:

"Provide federal funds for preventive education, counseling and shelters for families suffering from alcohol or drug abuse."

Similar recommendations were made by: Alaska, California, Delaware Maryland, Minnesota, North Carolina, and South Carolina.

Maryland proposed:

"The Government should work within the community including families and schools - to establish more effective counseling, rehabilitation, and prevention services."

North Carolina proposed:

"The federal and state governments should provide funds for establishing and maintaining rehabilitation centers and counseling services for families of drug abusers."

Similar recommendations were made by: Alaska, California, Minnesota, and Delaware.

Role of Citizens

North Carolina proposed:

"Mechanism needs to be established whereby community-based programs, consumer groups, parent groups, etc. provide relevant information about drug abuse and lobby for commitment to raise the priority of drug abuse services with the Department of HHS, Congress, state legislatures, etc.

Similar recommendations were made by: Delaware, District of Columbia, and Vermont.

Role of Media

Montana proposed:

"The media should be used to educate the public concerning the seriousness of this problem."

Similar recommendations were made by: Alaska, North Dakota, Vermont, Wyoming, North Carolina, and New Hampshire.

RECOMMENDATIONS	NUMBER OF STATES MAKING SIMILAR RECOMMENDATIONS	STATES
Prevention		
o Drug Abuse Education	11	CA, DC, IA, ND, DE, MD, WY, NC, AR, AK, MT
o Increase Public Awareness	8	AR, AK, DC, HI, MN, NC, ND, VT
Treatment		
o Treatment Services	11	DC, CA, AK, OK, ND, NH MN, MT, WY, WV, VT
o Counseling and Families	6	CA, DC, MN, NC, ND, VT
Government		
o Role of Government	9	AK, DE, KY, MD, MN, NC, SC, TX, VT
Citizens		
o Role of Citizens	7	AK, AR, DE, MD, NC, SC VT
Media		
o Role of Media	6	AK, AR, CA, MT, MN, NH

FAMILIES: CHALLENGES AND RESPONSIBILITIES

Issue Brief: Substance Abuse

FOOTNOTES

1. Richard R. Clayton, "The Family and Federal Drug Abuse Policies-Programs: Toward Making the Invisible Family Visible, Journal of Marriage and the Family, Vol. 41, (August 1979): p. 638

2. U.S. Strategy Council on Drug Abuse, Federal Strategy for Drug Abuse and Drug Traffic Prevention (Washington, D.C.: Government Printing Office, 1979), p.11.

3. U.S. Department of Health, Education, and Welfare, Healthy People-The Surgeon General's Report on Health Promotion and Disease Prevention (Washington, D.C.: Government Printing Office, 1979), p.125.

4. Ibid.

5. Ibid.

6. Ibid., p. 126.

7. U.S. Strategy Council on Drug Abuse, Federal Strategy Drug Abuse and Drug Traffic Prevention (Washington, D.C.: Government Printing Office, 1979)

8. The University of Michigan Institute for Social Research, Drugs and the Nation's High School Students: Five-Year National Trends (Ann Arbor: University of Michigan, 1980)

9. U.S. Department of Health, Education, and Welfare, Healthy People-The Surgeon General's Report on Health Promotion and Disease Prevention, p. 126.

10 William Pollin, Testimony before the Select Committee on Narcotics Abuse and Control, U.S. House of Representatives, July 19, 1979.

11. U.S. Department of Health, Education, and Welfare, Healthy People - The Surgeon General's Report on Health Promotions and Disease Prevention, p. 126.

12. The University of Michigan Institute for Social Research, Drugs and the Nation's High School Students: Five-Year National Trends.

13. Richard R. Clayton, "The Family Drug Abuse Relationship," B. Ellis, ed., Drug Abuse from the Family Perspective: Coping is a Family Affair, Unpublished.

14. U.S. Department of Health, Education, and Welfare, Healthy People-The Surgeon General's Report on Health Promotions and Disease Prevention, p. 8.

15. Ibid.,

16. U.S. Departmental Task Force on Prevention, Disease Prevention and Health Promotion, Washington,D.C.: Government Printing Office, 1978) p. 46.

17. Marc, Aaren et al, Alcohol Casualities and Crime. (Berkeley: Social Research Groups, University of California, 1977) pp. 527-567.

18. Lee I. Dogoloff, "Drug Abuse and the Family," Monograph prepared for the White House Conference on Families by the White House Office of Drug Abuse Policy, 1980.

19. Margaret Hindman, "The Family Therapy in Alcoholism". Alcohol Health and Research World, Vol. 1, 1976, p. 3.

20. M. Duncan Stanton, "Family Treatment Approaches to Drug Abuse Problems; A Review," Family Process, Vol. 18, 1979.

21. Lee I. Dogoloff, "Drug Abuse and the Family."

22. U.S. Department of Health, Education, and Welfare, Second Annual Report from the Secretary of the Department of Health Education, and Welfare: Drug Abuse Prevention, Treatment and Rehabilitation (Washington, D.C.: Government Printing Office, 1979).

23. Presentations by Mitchell Rosenthal and Sue Rusche at the National Research Forum on Family Issues, "Substance Abuse," White House Conference on Families, Washington, D.C., April 11, 1980.

24. Lee I. Dogoloff, "Prospect of the 1980's: Challenge and Response," Drug Enforcement, Vol. 7. (Washington, D.C.: Drug Enforcement Administration, 1980), p. 2.

FAMILIES: CHALLENGES AND RESPONSIBILITIES

Issue Brief: Substance Abuse

REFERENCES

Aaren, Marc et al, Alcohol Casualties and Crime. Berkeley: Social Research Group, University of Southern California, 1977.

Clayton, Richard R. "The Family Drug Abuse Relationships," Drug Abuse from the Family Perspective: Coping is a Family Affair, B. Ellis, ed., unpublished.

Clayton, Richard R. "The Family and Federal Drug Abuse Policies-Programs: Toward Making the Invisible Family Visible," Journal of Marriage and the Family, Vol. 41, 1979.

Dogoloff, Lee I. "Drug Abuse and the Family," Monograph prepared for the White House Conference on Families by the White House Conference on Drug Abuse Policy, April 1980.

Dogoloff, Lee I., "Prospect of the 1980's": Challenge and Response." Drug Enforcement, Vol. 7. Washington, D.C.: Drug Enforcement Administration, 1980.

Hindman, Margaret, "Family Therapy in Alcoholism," Alcohol Health and Research World, Vol. 1, 1976.

Pollin, William. Testimony Before the Select Committee on Narcotics Abuse and Control, U.S. House of Representatives, July 19, 1979.

Rosenthal, Mitchell "Substance Abuse," Paper prepared for the National Research Forum on Family Issues, White House Conference on Families, Washington, D.C., April 11, 1980.

Stanton, M. Duncan, "Family Treatment Approaches to Drug Abuse Problems: A Review, Family Process, Vol 18, 1979.

U.S. Department of Health, Education, and Welfare, Healthy People - The Surgeon General's Report on Health Promotion and Disease Prevention. Washington, D.C.: Government Printing Office, 1978.

U.S. Department of Health, Education, and Welfare. Second Annual Report from the Secretary of the Department of Health Education, and Welfare: Drug Abuse Prevention, Treatment and Rehabilitation. Washington, D.C.: Government Printing Office, 1979.

U.S. Departmental Task Force on Prevention, Disease Prevention and Health Promotion, Washington, D.C.: Government Printing Office.

U.S. Strategy Council on Drug Abuse. Federal Strategy for Drug Abuse and Drug Traffic Prevention. Washington, D.C.: Government Printing Office, 1979.

University of Michigan Institute for Social Research. Drugs and the Nation's High School Students: Five Year National Trends. Ann Arbor: University of Michigan, 1980.

White House Conference on FAMILIES

FAMILY CHALLENGES AND RESPONSIBILITIES

Issue Brief: Aging and Families

I. INTRODUCTION

As the United States enters the 1980s, the nation finds itself at the threshold of an historically unique situation. In the words of Dr. Robert Butler, Director of the National Institute on Aging:

> "This is the century not only of old age but of multigenerational families and older women...The four-generation family is here. One half of all persons over 65 with living children are members of four-generation families. This is a very triumphant and positive event. On the other hand, we are presented with harsh realities that have to be faced."

Issues stemming from these realities were repeatedly addressed by participants in White House Conference on Families events. Witnesses described the problems of older Americans against a background of significant demographic change that some have termed "the graying of America." For example, more than 23 million Americans---one in every 9 persons---are over age 65. The U.S. Census Bureau projects that by the year 2030 there will be 55 million over 65---between 14 and 22 percent of the population. There has been a dramatic increase of those 75 or older---from 38 percent of the elderly to an expected level of 45 percent by the end of this century.

The increasing number of older Americans reflects many factors, including declines in birthrates with the passing of the "baby boom" and the advances of science and medicine.

Older Americans represent a potent and positive force on the American scene and have the proven potential of life-long contributions to society, which is substantiated by the trend towards discarding mandatory retirement laws. However, as hard statistics underscore, older Americans face a host of problems that are at one level economic and at other levels emotional and personal.

This issue brief will attempt to help WHCF delegates focus on issues of concern to older Americans and their families, as expressed in the following questions:

- How does the increasing number of older Americans affect families?
- Do current government and private policies provide adequate financial support for older Americans?
- Do older Americans obtain adequate health care? Housing?

II. BACKGROUND ON MAJOR ISSUES

Most elderly people live in family settings, with a spouse or related family members; only 4 percent live in institutions. But since 1960 the number of elderly who make up "single-person families" and who are living alone has been increasing. Greater financial security and the wish for privacy and independence may partly explain this. Most aged individuals live close to their children and see them at least once a month. Many live within a 30-minute drive of a child (usually a daughter).

In 1976, the life expectancy of women was 76 years. This exceeded that of men by 7.7 years and is expected to increase by the year 2000. There are only about 69 men per 100 women at age 65. And by age 85 the ratio drops drastically - to only 48 men per 100 women. Aged women have unique problems. After age 65, less than half live with a spouse and they are six times less likely to remarry than aged men.

Generally, older persons have half the income of younger Americans. An estimated 3.3 million live in households with income below the poverty level. According to the Census Bureau, money is a major problem for the elderly. The median income for men is $3,400, for women $2,900, and for couples $8,000. Women and minority members account for most of the elderly poor. Inflation has added to their plight as pensions, social security, and savings have not kept up with the cost of living.

A 1975 U.S. Senate report stated that 82 percent of the elderly are able to manage on their own and suffer no major health limitations. However, only 14 percent are free from chronic conditions and the incidence of chronic disabilities increases with age. The elderly are the greatest users of health care services. They visit physicians and are hospitalized more frequently than others.

Significant mental health problems confront about a quarter of older Americans; while the elderly constitute about 10 percent of the population, they account for 25 percent of all suicides.

Depression followed by senile dementia ranks first among mental health problems. Loss of income and status, bereavement, and physical deterioration often lead to an often overwhelming sense of meaninglessness and purposelessness.

Only 2 percent of the elderly consult private psychiatrists, one of whom cites the urgent need for research in this area (only 3 percent of the National Institute for Mental Health budget is earmarked for the mental problems associated with aging), fuller use of existing resources, and the development of special services designed to help aged individuals in a family context rather than in the isolation that characterizes present practices.

The living arrangements of the elderly basically fit into three categories:

- Family households with two spouses.
- Single-person households as a result of divorce, death, or never marrying.
- Individuals living with children, grandchildren, or other relatives.

Care of the Elderly

The immediate family (spouse, children) provides the primary service to the elderly in times of illness.

Approximately 90 percent of elderly respondents to a 1977 survey conducted by the U.S. General Accounting Office in Cleveland reported that they received some type of service from family or friends. In response to another question, 87 percent of the elderly stated that they would need someone to help them if they became ill or disabled.

Long-Term Care

Long-term care is a service provided on a sustained basis to people with chronic conditions. Patients may be in health-care facilities, in their own homes, homes for the elderly, or boarding homes. Some scholars estimate one in five of all persons 65 and over will enter a long-term care facility at some time.

Between 1960 and 1970, the number of elderly people institutionalized increased by 25 percent and comparable increases are expected to continue. These are people who are three times more likely never to have married and twice more likely to be widowed than the elderly living in the community.

Medicare and Medicaid have supported the integration and expansion of long-term care into the health care system and have encouraged more families to place disabled family members in such facilities. However, the increased cost of long-term care has adversely affected availability and quality of care, particularly for the elderly.

Adult daughters are most frequently care-givers to disabled older parents. The elderly who are institutionalized tend to have fewer daughters.

In 1978, Joseph Califano, former Secretary Health, Education, and Welfare made the following observation about the care of the elderly:

> Too often in the past, we have designed our programs for the elderly with the individual but not the family unit in mind. We have failed to tap the strengths of the family in caring for the elderly. Our programs for financing chronic care, for example, do little to permit and encourage home care administered by family members... We cannot expect doctors, nurses, social workers or bureaucrats to be as sensitive or effective in meeting the needs of the elderly as child, grandchild, brother, or sister.

III. CURRENT POLICIES AND PROGRAMS

Social Security

Originally, Social Security legislation included two types of social insurance, three categories of public assistance, and the allocation of Federal funds to states for public health, vocational rehabilitation, and welfare services. Over the past 45 years the Act has been changed many times. Amendments have expanded Federal old age insurance programs to include survivors' (life) insurance (1939), disability insurance (1956), and health insurance for the elderly (Medicare, 1965), and for the disabled and persons with kidney disease (1972).

The Supplemental Security Income Program (SSI)

The program began as an amendment to the Social Security Act in 1972. It provides income to the aged, blind, and disabled whose income and resources are below a federally designated poverty level. SSI is federally financed from general revenues and is administered through the Social Security Administration. Some states provide additional funds for this program, which replaced Federal grants to the aged and blind (begun in 1935) and to the disabled (begun in 1950).

Old Age, Survivors, and Disability Insurance (OASDI)

About 90 percent of all employed persons are covered by OASDI. The only major exceptions are Federal employees who have their own retirement system; employees of many state and local entities; domestic and farm workers who are irregularly employed, or whose earnings do not meet the minimum requirements for coverage; and self-employed persons with less then $400 in annual net earnings. In order for workers, their dependents, and survivors to quality for benefits, the worker must work in covered employment for 10 years (if born after 1928).

Old Age Benefits are payable to retired workers at age 65. Reduced benefits may be paid as early as age 62. Family payments also may be made for the retired worker's dependent spouse age 65 and over (reduced benefits at age 62); for the worker's children under age 18 (or 18-22 if full-time students); for a child who becomes disabled before age 22; for a wife of any age caring for a child under age 18; or for a disabled adult child.

Survivors Benefits are payable on the death of an insured worker to the surviror as early as age 60 at a reduced rate, or at age 50 if disabled, or at any age if the survivor has the care of a child under 18 or a disabled child entitled to benefits; to the worker's children under age 18, or age 18-22 if in school, or disabled before age 22; and to dependent parents and dependent widowers at age 62 (disabled widows at age 50). A $250 lump sum death payment also is made.

Disability Payments are payable to persons under age 65 on the basis of medical determinations and an evaluation of the person's remaining capacity for work, considering age, education, and work experience.

All benefits are based on a worker's average monthly earnings, as well as minimum provisions in the law.

Monthly payments to the family of retired or disabled workers are 50 percent of the worker's benefit for a wife or dependent husband and for each other eligible dependent -- subject to a family maximum. Generally, the family maximum is reached if there are three or more beneficiaries in the family group. Benefits equal to 100 percent of the deceased worker's entitlement are payable to the spouse at the age of 65, or reduced benefits of 71.6 percent as early as age 60. Payments amounting to 75 percent of the worker's benefits are made to the surviving spouse who has care of the children, plus an equal amount for each dependent child -- subject to a family maximum.

The law provides for a retirement test to ensure that benefits will be paid only when the individual has actually retired. The test exempts a basic amount of earnings without reduction in benefits and reduces benefits by one-half of earnings above the exempt amount. Benefits are not reduced for earnings after age 72.

Provisions of the OASDI program automatically increase payments in relation to the cost of living or average wage increases.

Cash benefits and the cost of administering the program are financed by workers, employers, and self-employed persons. Administrative costs average about 2 percent of benefit payments. Under the Federal Insurance Contribution Act (FICA), workers and their employers contribute at equal rates on amounts up to the first $22,900 of employee income (as of 1980). The contributions are scheduled to increase in several steps from the 1980 rate of 6.13 percent each for the employer and employee and 8.10 percent for the self-employed. These contributions include the payment for Medicare.

Hospital Insurance Benefits (Medicare)

Medicare is financed through contributions paid while the individual is working and provides protection against the costs of medical care for people who are eligible.

Medicare pays for the first 60 days of hospitalization, after a deductible paid by the patient. Additional days of coverage are provided on a coinsurance basis. Medicare also pays a large part of the cost of care in an extended-care facility such as a skilled nursing home for up to 100 days, after a hospital stay of at least three days. The cost of the first 20 days is covered in full; the patient pays part of the costs after that time. Also covered is the cost of up to 100 home health visits.

A Supplemental Medical Insurance plan provides for partial payment of physicians' bills and related costs. The individual pays 20 percent of these costs after an initial deductible. Half the cost of this portion is financed by the aged or disabled person in the form of a monthly premium and the other half by the Federal government.

Food Stamps

The food stamp program is limited to helping low-income individuals and families buy food at subsidized prices. Food stamps are available to everyone who meets the definition of need without regard to other categorical requirements. The program is federally financed and administered through state welfare agencies under the supervision of the U.S. Department of Agriculture.

The Older Americans Act of 1965

This Act provides funds to states for improving programs and services to the elderly such as homemaker services, adult day-care programs, employment programs, and direct grants to Indian tribes. Title III of the Older Americans Act provides for nutritional programs within the states. Grants through state agencies to nonprofit organizations provide group and home delivered meals (Meals-on-Wheels) to persons over 60. More than 70 percent of the elderly served have incomes below the poverty level.

The following chart from the National Journal (October 28, 1978) summarizes the sources of the elderly's income.

ELDERLY INCOME

(Percent receiving income from the following sources)

	Married*				Single			
	1962	1967	1971	1976	1962	1967	1971	1976
Social security**	83%	92%	89%	94%	65%	88%	85%	91%
Private pensions	16	19	23	28	5	7	12	14
Government pensions***	7	7	8	12	4	5	5	8
Wages****	55	46	49	41	24	15	18	16
Savings	63	60	58	66	48	44	43	49
Veterans' benefits	14	12	8	6	8	9	8	6
Public assistance	8	6	6	6	17	15	13	15

*includes couples with only one spouse 65 or over
**includes railroad retirement
***includes civil service, state and local pensions
****percentages for married couples inflated by earnings of working spouses under 65

SOURCE: Social Security Administration

In recent years there has been a moderate yet significant improvement in the economic status of the aged. More than 90 percent of all workers are covered under the social security system. For those whose benefits do not meet their needs, SSI provides additional support. Still the existence of several million aged poor indicates that existing programs are not providing some with the necessary basic financial resources.

Two plans that have been proposed to address some of the questions concerning women and equity are "earnings sharing" and the "double-decker" plan. The earnings sharing proposal is based on the principle that marriage is an economic partnership. A pure earnings sharing plan is based on the premise that each partner in a marriage is entitled to credit for half the couple's combined earnings regardless of the portion earned by each. Benefits for each person are based on any pre-marriage earnings plus half the couple's total earnings during marriage. A modified earnings-sharing is advocated by the 1979 Advisory Council on Social Security.

A double-decker system is one under which each aged and disabled person and surviving child would receive a flat grant paid from general revenues, with an additional benefit directly proportional to past covered earnings paid to social security contributors but not to their dependents or survivors. In other words, benefits of the second deck would be paid to workers only based on past earnings in covered employment.

Policies and Programs in the Private Sector: Pension Plans

The first U.S. private pension plan was established in 1880. However, real growth of private pension plans did not begin until after the Depression. In 1950, the assets of private pension plans amounted to $12 billion. By 1976, 50 percent of the workers in the private sector were covered by private pension plans, whose assets today exceed $220 billion.

According to a study by Brandeis University, the average worker with a $15,000 pre-retirement income receives $3,150 per year in pension benefits. Even when combined with social security, this fails to provide sufficient income for a retired couple to maintain an acceptable living standard. Fewer then 10 percent of the private pension plans provide for an automatic cost of living increase as social security does.

The Employee Retirement Income System Act of 1974 (ERISA) gives protection to workers in private pension plans. Some of its provisions:

- Following the "prudent man" rule, only 10 percent of the pension plan's assets can be invested in employer securities.

- o Formal reporting disclosure requirements and vesting guidelines are slanted to aid older workers' rapid investiture into pension plans.

- o ERISA contains pension plan termination insurance through the Pension Benefit Guaranty Corporation and established employer and industry contingent liability in the event of pension plan failures.

Generally, a person must work for ten years for a company or be under the jurisdiction of a multi-employer plan before being vested in a pension plan. Workers often move on to other jobs before ten years. As a result, only half of the workforce in now covered by private pensions, and only one-out-of-three workers covered will actually receive pension benefits.

Sex Discrimination in Private Pension Plans

In the past, women could be required to make higher contributions to pension plans than their male co-workers, based on actuarial tables which indicated that they were likely to live longer than men and consequently draw more funds from the plans. Also, many of the industries women work for tend to have poorer pension plans (if any) than those employing greater percentages of men.

Union Programs Related to Retirement

The U.S. Department of Labor estimates that over 200,000 will retire each year. Meanwhile, early retirement has increased to the point where 67 percent of all retirees (or 1,164,000) in 1977 retired early. Some labor unions have developed policies encouraging early retirement while others seek to keep their members on the job as long as they wish to stay. For example:

- o The United Auto Workers (UAW), in order to make places in the workforce for the young, encourages retirement as early as age 47 by providing montly supplements that are cancelled at age 62.

- o In 1965, the United Steel Workers (USW) won a contract provision that entitles its members to retire after 30 years of service regardless of age. The USW has concentrated its efforts on gaining higher pensions for workers over 62 rather than encouraging earlier retirement.

- o Under a plan sponsored by the Teachers Insurance and Annuity Association (TIAA), an employer may add additional amounts above the standard contribution to the pension

account. This additional contribution is not tax deferred and cannot be drawn against before retirement.

The policies developed and supported in the private sector regarding the elderly and their families have a significant impact on families. Unfortunately, the private pension system, plagued with problems of inflation and variations in benefit levels, cannot provide the retirement incomes people expect and need.

SUMMARY OF STATE RECOMMENDATIONS: AGING

A total of eighteen states made recommendations on the problems facing older Americans and their families.

Government Programs

To promote the independence and well-being of older citizens, thirteen states recommend revision of Social Security, Medicare, Medicaid and public assistance programs.

Community Services and Public Policies

Ten states proposed ways for community services and public policies to be more sensitive to, and supportive of, older citizens and their families, including a range of supports to encourage home care.

Public Awareness

Ten states recommend strategies to increase public awareness of the needs and talents of the elderly, and to counteract negative stereotypes. Five states suggested legislative and lobbying strategies to promote greater public sensitivity.

Home Care

Twelve states proposed government and private sector support for home care of older Americans.

Nursing Home Care

Six states suggested ways to upgrade the quality of nursing homes and to encourage home care for older Americans. To accomplish the latter objective, six states recommended tax law revisions.

Housing and Transportation

Six states made recommendations about the special housing and transportation needs of the elderly.

Employment and Retirement

Seven states called for changes in public and private sector retirement policies.

General Support

Seven states made general philosophical statements about the need to promote continued productivity, dignity and independence of older Americans.

Government Programs

Oklahoma proposed:

"Amend Social Security laws to include those people who do not contribute but have need of the income."

"Amend Social Security laws to allow optional participation in other retirement plans in lieu of mandatory compliance with Social Security."

"It should be the policy of the federal government to provide Social Security benefits to meet the needs of the people regardless of their contributions, if any."

Kentucky proposed:

"Social Security reform to adequately meet the needs of the elderly."

"It should be the policy of the federal government that all elderly persons be assured of a living standard that is at least equal to the national poverty level."

"All services should be available in both rural and urban areas and should be provided on the basis of need of the individual or family."

(Eleven other states, California, Virginia, Arkansas, the District of Columbia, Hawaii, Idaho, Missouri, Nebraska, South Carolina, South Dakota, and Wyoming - made similar recommendations, many calling for policy changes to support home care.)

Community Services and Public Policies

Minnesota proposed:

"Social service agencies, churches, community organizations and senior groups should be encouraged to foster contact between generations through programs such as Foster Grandparents, intergenerational family enrichment, cross-age counseling and programs."

"Supportive services should be provided which enable the older person to maintain independent living arrangements."

Nebraska proposed:

"Encourage maximum responsibility at the family and local/community level through free enterprise."

"Better use of volunteer time in all community organizations of all age groups in working with the elderly."

Virginia proposed:

"Encourage churches, clubs, and other civic groups to provide socialization opportunities and specific helping services to older families in need of such services."

(Seven other states - Arkansas, Virginia, California, the District of Columbia, Hawaii, Kentucky, South Carolina and South Dakota - made similar recommendations.)

Public Awareness

South Dakota proposed:

"Emphasize volunteer recruitment and public awareness in order to expand existing programs. Effect legislation which would be supportive of such programs rather than limiting (i.e. liability issues, tax incentives, etc.)."

Virginia proposed:

"Expanded educational effort (via school and community) to dispel aging myths that separate older people from family and community and to prepare persons for retirement."

(Nine other states - Hawaii, Minnesota, Arkansas, Nebraska, the District of Columbia, North Carolina, Wyoming, and South Carolina - made similar recommendations.)

Employment and Retirement

Arkansas proposed:

"Federal abolition of all mandatory retirement."

Virginia proposed:

"Study the Social Security system to determine a more feasible method of preparing for retirement."

"Eliminate the mandatory retirement age."

"Offer exemptions under the minimum wage law which encourage employers to hire the elderly."

"Expand employment opportunities for older people."

(Five other states - North Dakota, Oklahoma, Hawaii, North Carolina and Washington - made similar recommendations.)

Home Care

Arkansas proposed:

"The federal government should provide grants for area health care aides, home improvements, etc. designed to promote adequate housing for those elderly persons wanting to maintain their own homes."

"Public work programs could serve elderly such as providing assistance to those in their own home."

California proposed:

"It should be the policy and law of the land that the family is the best place to take care of children, the elderly and disabled family members."

Kentucky proposed:

"It should be the policy of the federal, state, local governments and private sector to financially support alternatives to institutionalization."

(Nine other states - the District of Columbia, Hawaii, Illinois, Virginia, Wyoming, Nebraska, Oklahoma, South Carolina, and Tennessee - made similar recommendations)

Nursing Homes

Wyoming proposed:

"Many nursing homes are dark, dingy, depressing places with inadequate facilities, equipment, and helping personnel. Therefore, a sound nation-wide building and developing program should be initiated to provide quality care and housing for the elderly."

South Dakota proposed:

"A program of better inspection of nursing homes."

"Set up required programs for improved training of nursing home staff."

"Review and investigate ways for reducing unnecessary hospitalization and institutionalization of the elderly."

Arkansas proposed:

"Revise tax laws to benefit families who keep the elderly at home."

(Four other states - Arkansas, California, Nebraska, and Washington - made similar recommendations. Three other states - the District of Columbia, Kentucky and Nebraska - made recommendations similar to the Arkansas tax incentive proposals to encourage alternatives for nursing homes.)

Housing and Transportation

Arkansas proposed:

"It should be the policy of the government - each level - to encourage the development of guidelines to insure the elderly the choice of adequate housing."

South Carolina proposed:

> "Study the feasibility of a "Transportation Coupon" program for senior citizens. Private businesses should encourage use of public transportation through refunds or discount coupons. Support or encourage use of public funds for transportation."

(Four other states - Nebraska, South Dakota, Virginia - made similar recommendations in housing while three other states - Arkansas, the District of Columbia and Virginia - made similar proposals in transportation.)

General Support

Kentucky proposed:

> "All services should be provided in a manner to enhance the dignity of and to expand the choices of individuals and families."

Wyoming proposed:

> "Most families have or will experience the reality of relocation of the elderly, including the loss of self-esteem, respect, and independence; and the parallel problems of quality nursing care. Therefore, Wyoming must develop and implement policies which recognize the worth and dignity of people handicapped by advancing age."

(Five other states - Arkansas, Nebraska, Oklahoma, South Dakota and South Carolina - made similar recommendations)

RECOMMENDATIONS	NUMBER OF STATES MAKING SIMILAR RECOMMENDATIONS	STATES
Revision of government programs	13	AR, CA, DC, HI, ID, KY, NB, OK, SC, SD, VA, WY
More Supportive Community Services and Public Polices	10	AR, CA, DC, HI, KY, MN, NB, SC, SD, VA
Increased Public Awareness of Elderly Needs	10	AR, DC, HI, MN, NB, NC, SC, SD, VA, WY
Home Care	12	AR, CA, DC, HI, IL, KY, NB, OK, SC, TN, VA, WY
Nursing Home Care	6	AR, CA, NB, SD, WA, WY
Housing and Transportation	6	AR, DC, NB, SC, SD, VA
Revised Employment and Retirement Policies	7	AR, HI, NC, ND, OK, WA, VA
General Support	7	AR, KY, NB, OK, SC, SD, WY

FAMILY CHALLENGES AND RESPONSIBILITIES

Issue Brief: Aging and Families

REFERENCES

Birren, James E. Woodruff, Diana S., eds., Aging: Scientific Perspectives and Social Issues; New York: D. Van Nostrand Co., 1975.

Birren, J., Shanas, E. and Binstock, R., eds., "Family Life of Old People". Handbook of Aging and Social Sciences. New York: Van Nostrand Reinhold Co., 1976. pages 218-239.

Busse, Ewald and Pfeiffer, Eric, Behavior and Adaptation in Later Life. Boston: Little, Brown and Co. 1969.

Davis, Richard H., ed., Aging: Prospects and Issues. Los Angeles: The Ethel Percy Andrews Gerontology Center, University of Southern California, 1977.

Dorr, Caroline J., and Spencer, Marion G. Understanding Aging: A Multidisciplinary Approach. New York: Appleton - Century - Crofts:, 1975.

Ganikos, Mary L., ed., Counseling the Aged, Falls Church Va.: The American Personnel and Guidance Association, 1979.

"Growing Old in America," National Journal 43 (October 1978).

Kalish, Richard A. The Later Years; Social Applications of Gerontology, Monterey, California: Brooks/Cole Publishing Co. 1977.

Shanas, Ethel and Sussman, Marvin B., eds., "Family Bureaucracy and the Elderly Individuals: An Organizational Linkage Perspective." Family Bureaucracy and the Elderly. Durham: Duke University Press, 1976. pages 2-20.

Shanes, Ethel and Sussman, Marvin. "The Family in Later Life: Social Structure and Social Policy." Prepared for a Meeting on Stability and Changes in the Family. Committee on Aging National Research Council. March 22, 1979.

Shanas, Ethel, "Older People and Their Families: The New Pioneers." Journal of Marriage and the Family, Vol. 34, No. 1 (February 1980)

Sussman, Marvin B. "The Social and Economic Supports and Family Environment for the Elderly". Administration on Aging Grant 90-A-316, January, 1979.

Siegel, Jacob S. "Prospective Trends in the Size and Structure of the Elderly Population, Impact of Mortality Trends and Some Implications, Washington: U.S. Department of Commerce, Bureau of the Census, 1979.

The National Retired Teachers Association. American Association of Retired Persons and Wakefield Washington Associates, "A Policy Report on the Family and the Aging." Washington, D.C., 1980, unpublished.

U.S. Commission on Civil Rights. The Age Discrimination Study, Part II. Washington, D.C.: Government Printing Office, 1979.

U.S. Department of Health, Education, and Welfare. A Guide to Supplemental Security Income. Washington, D.C.: Government Printing Office, 1978.

U.S. Department of Health, Education, and Welfare. Women and Social Security. Washington, D.C.: Government Printing Office, 1979.

U.S. Department of Health, Education, and Welfare. Your Social Security. Washington, D.C.: Government Printing Office, 1979.

U.S. Senate. Part I: Developments in Aging, 1975 and January to May 1976. A Report of the Special Committee on Aging. Washington, D.C.: Government Printing Office, 1976.

White House Conference on Families

THEMES

The National Advisory Committee on the White House Conference on Families adopted the following six themes as starting points or principles for discussion of issues.

Families: Foundation Of Society

- o Family Strengths and Supports

  Families are the oldest, most fundamental human institution. Families serve as a source of strength and support for their members and our society.

- o Diversity of Families

  American families are pluralistic in nature. Our discussion of issues will reflect an understanding and respect of cultural, ethnic and regional differences as well as differences in structure and lifestyles.

- o The Changing Realities of Family Life

  American society is dynamic, constantly changing. The roles and structure of families and individual family members are growing, adapting and evolving in new and different ways.

- o The Impact of Public and Private Institutional Policies on Families

  The policies of government and major private institutions have profound effects on families. Increase a sensitivity to the needs of families is required, as well as on-going action and research on the specific nature of the impact of public and private institutional policies.

- o The Impact of Discrimination

  Many families are exposed to discrimination. This affects individual family members as well as the family unit as a whole.

- o Families with Special Needs

  Certain families have special needs and these needs often produce unique strengths. The needs of families with handicapped members, single-parent families, elderly families and many other families with special needs will be addressed during the Conference.